MARIN COMMUTER BUS RESERVATION FORM 2019-2020

Please submit this form to Drew School by mail, fax, or email no later than August 16, 2019. Full payment is due in advance by check made out to Drew School. Contact Celia Docto (celiadocto@drewschool.org) with questions.

Marin Bus Rider Name: ____________________________________________    Class of__________
Parent/Guardian Name:______________________________________________
Email:____________________________________________________________
Cell phone:________________________________________________________

Morning Schedule (Southbound)
7:00 San Rafael (GG Transit Stop at 4th St & Hetherton St)
7:15 Mill Valley/Tiburon (Piatti's on west side of Redwood Highway)
7:35 University High School (Presidio at Washington)
7:40 Arrive at Drew School (California St at Baker St)

Afternoon Schedule (Northbound to Marin – students can ride on either bus)
3:40 or 6:10 Bus stop on California St at Baker St
3:45 or 6:15 Depart Washington St at Presidio St
4:10 or 6:40 Mill Valley/Tiburon (Frontage Road, in front of In & Out Burger)
4:20 or 6:50 San Rafael (GG Transit Stop at 4th St & Hetherton St)

Pickup/Drop Off Location – check one
___ San Rafael
___ Mill Valley/Tiburon

Ridership Options – check one
___ Round-trip for the school year ($3,300, approximately $9.50 per ride)
___ Morning one-way for the school year ($1,800, approximately $10 per ride)
___ Evening one-way for the school year ($1,800, approximately $10 per ride)

Daily Service begins on Wednesday, August 21, 2019
I give my permission for the above-named Marin Bus Rider to participate in Drew School-sponsored transportation services between the above listed Pickup and Drop Off locations. I understand that students from University High School, The Urban School, and Schools of the Sacred Heart will also participate in this transportation service using CYO operated school buses. I also understand that Drew is not responsible for providing alternate transportation in the event of early dismissal or canceled bus service.

Parent/Guardian Signature: ____________________________________________ Date: _____________

PLEASE RETURN THIS FORM TO THE FRONT DESK
DREW SCHOOL • 2901 CALIFORNIA STREET • SAN FRANCISCO • CALIFORNIA 94115 • (415) 409-3739 • FAX (415) 346-0720 • www.drewschool.org