

Beaver Country Day School

T-Pass Order Form 2019-2020

Please return form to Beaver by August 16, 2019.

Student's First & Last name: _____

Grade in 2019-2020: _____

Please indicate for which months you would like to order a T pass:

| Select ✓ | Months | Amount \$30/mo | Payment Method |
|--------------------------|--|-------------------|---------------------------------------|
| <input type="checkbox"/> | Sept, Oct, Nov, Dec | \$120.00 | Will be charged to your SMART account |
| <input type="checkbox"/> | Jan, Feb, Mar, Apr, May | \$150.00 | Will be charged to your SMART account |
| <input type="checkbox"/> | Sept, Oct, Nov, Dec Jan, Feb, Mar, Apr, May | \$270.00 | Will be charged to your SMART account |

Parent/Guardian Signature

Date

Print Parent/Guardian's Name

Return this form by August 16 to:

Beaver Country Day School
Attention: Erika Charles
791 Hammond Street
Chestnut Hill, MA 02467

Office use only:

T-Pass Number Assigned: _____

Advisor: _____

