

Beaver Country Day School T-Pass Order Form 2020-2021

Please return the form to Beaver by August 26, 2020.

Student's First & Last name: _____

Grade in 2020-2021: _____

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

Select (P)	Months	Amount \$30/mo	Payment Method
	Sept, Oct, Nov, Dec	\$120.00	Will be charged to your SMART account
	Jan, Feb, Mar, Apr, May	\$150.00	Will be charged to your SMART account
	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 26 to:

Beaver Country Day School
Attention: Kellie Sullivan
791 Hammond Street
Chestnut Hill, MA 02467

Office use only:

T-Pass Number Assigned: _____

Advisor: _____

