

Deer Creek School
P.O. Box 376
Arcola, MS 38722

OPERATED BY: DEER CREEK
EDUCATIONAL INSTITUTE

(P) 662-827-5165
(F) 662-827-5128
deercreekschool.org
Mary Hobart: Head of School
Mark Rowien: Board President



Deer Creek School offers a bus pick-up and drop-off at the Nelco Movie Theater in Greenville and at west end of Lillo's Restaurant parking lot in Leland. The bus will start services on the first day of school.

Bus schedule:

Greenville: Pick-up 7:10 am and drop-off 3:20 pm.

Leland: Pick-up 7:30 am and drop-off 3:10 pm.

Bus fees are as follows:

1 child : \$75.00 per month, both ways
\$60.00 per month, one way
2 or more children: \$85.00 per month, both ways
\$70.00 per month, one way
Occasional: \$ 6.50 per day

Bus Rules:

1. Be courteous and mind the bus driver
2. Be ready in the morning at scheduled stop
3. Load bus only when it has come to a complete stop
4. Don't put your head or hands out of the windows
5. No fighting or profane language on the bus
6. Please remain seated from the time you enter on the bus until you reach the school or your scheduled stop.
7. Seats will be assigned if necessary.



DEER CREEK SCHOOL
Bus Information Sheet

Parent's Names: _____

Mom Cell # _____ Dad Cell # _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Address: _____

Emergency contact name: _____

Emergency contact phone#: _____

Bus Fees:

1 child: _____ \$75.00 per month, both ways
_____ \$60.00 per month, one way

2 or more _____ \$85.00 per month, both ways
_____ \$70.00 per month, one way

Pickup/Dropoff: _____ Greenville
_____ Leland

Parent Signature: _____

BUS DRAFT AUTHORIZATION FORM:

DRAFT AUTHORIZATION FORM

TO: _____

(Bank) _____ (City) _____ (State) _____ (Zip) _____

As a convenience to me, I hereby request and authorize you to pay and charge my account drafts drawn on my account by and payable to the order of Deer Creek Educational Institute, Inc., Arcola, Mississippi, each for a total number of 9 @ \$ _____, and dated _____, _____, and the same day of each month thereafter through and including _____, _____, providing there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in injury, damage or loss.

DATE _____ SIGNATURE: _____

BANK ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

(Note: Your signature must be exactly as your account is carried at Bank.)
Sign Contract (and Draft Authorization Form if applicable IN DUPLICATE and return to:
DEER CREEK EDUCATIONAL INSTITUTE, INC.
P O BOX 376, Arcola, Mississippi 38722

PLEASE REMEMBER TO ATTACH A VOIDED CHECK WITH FORM COMPLETED. WE ONLY DRAFT FROM SEPTEMBER- TO MAY.

_____ **Draw draft on the 20th of each month**

_____ **Draw draft on the 25th of each month**

PLEASE ATTACH A VOIDED CHECK