



## **Bus Transportation Form, Rules, and Liability Waiver**

### ***Student Information***

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### ***Parent/Guardian Information***

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ***Transportation Details***

Please indicate if your child will require bus transportation:

Yes, my child will require bus transportation.

No, my child will not require bus transportation.

### ***Bus Stop Information***

If your child requires bus transportation, please provide the following details:

Bus Stop Location: \_\_\_\_\_

Morning Pick-up Time: \_\_\_\_\_ Afternoon Drop-off Time: \_\_\_\_\_

### ***Emergency Contact Information***

In case of emergency, please provide the following contact information:

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### ***Transportation Rules***

To ensure a safe and pleasant bus journey, we kindly request your cooperation in following these transportation rules:

1. Students must arrive at the designated bus stop five minutes before the scheduled pick-up time.
2. Students must board and disembark the bus in an orderly manner.
3. Students must remain seated throughout the journey and follow the instructions of the bus driver.

4. Students must refrain from engaging in any disruptive behavior that may jeopardize the safety of themselves or others.
5. Students must not eat or drink while on the bus, unless otherwise permitted.
6. Students must keep the bus clean and tidy, and avoid damaging any bus property.

I, the undersigned parent/guardian, hereby grant permission for my child, \_\_\_\_\_, to utilize the bus transportation services provided by Word of Faith Christian Academy. I understand and acknowledge the following:

1. I am aware that bus transportation involves inherent risks and hazards associated with travel and potential traffic conditions.
2. I release Word of Faith Christian Academy, its staff, volunteers, and bus drivers from any liability for any injury, loss, or damage that may occur during transportation to and from school or school-related activities.
3. I understand that the school will take all reasonable precautions to ensure the safety and well-being of the students during bus transportation.
4. In the event of an emergency, I authorize the school to seek and provide necessary medical treatment for my child. I understand that the school will make every effort to contact me, but if unable to do so, I consent to emergency medical treatment.
5. I agree to indemnify and hold harmless Word of Faith Christian Academy, its staff, volunteers, and bus drivers from any claims, damages, or expenses arising out of my child's utilization of the bus transportation services.

6.

By signing below, I confirm that I have read, understood, and agree to the above terms and conditions of the bus transportation rules and liability waiver.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this completed form to the Word of Faith Christian Academy office. Thank you for your cooperation!