

CHRISTIAN ACADEMY OF LOUISVILLE
RETURN FORM TO: 700 S. English Station Road, Louisville, KY 40245
Phone 502-244-3225 Fax 502-244-1824

BUS CONSENT FORM

Return to Business Office no later than **MONDAY, AUGUST 2, 2010**

STUDENT(S) RIDING THE BUS:

NAME(S)

CAMPUS/GRADE

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◀ ALL STUDENTS RIDING THE BUS MUST HAVE A PARENTAL CONSENT FORM ON FILE ▶

BUS SERVICE:

_____ DAILY (circle one): A.M. and P.M. A.M. only P.M. only

_____ OCCASIONALLY (ten times or less per month)

Bus # _____ Bus Stop _____

STUDENT/PARENT INFORMATION OF STUDENT(S) USING BUS TRANSPORTATION:

Parent/Guardian _____

Address _____

City _____ Zip _____

County of Residence _____

Email address(es) _____

Home phone _____ Cell phone _____

Work phone _____ Other phone _____

NOTE: FOR EMERGENCY CONTACT PURPOSES, THIS INFORMATION WILL BE PROVIDED TO OUR CONTRACTED BUS PROVIDERS.

CHRISTIAN ACADEMY OF LOUISVILLE

PERMIT AND RELEASE FOR STUDENT TO USE BUS SERVICE
TO AND/OR FROM SCHOOL

I, _____, parent/guardian of _____, do hereby consent that the above student(s) may ride school bus to/from the Christian Academy of Louisville, and hereby release, on behalf of myself individually and as parent/guardian of the said student(s), Christian Academy School System, its officers, teachers, employees and agents and agree to hold them harmless from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever connected with or resulting from the participation by the student(s) in the above activities, including but not limited to any claim of negligence, breach of warranty, strict liability in tort or breach of contract.

THIS IS A RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.

Date signed

Parent/Guardian Signature