

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

**2011-2012 BUS CONSENT FORM**  
Return form no later than **MONDAY, AUGUST 1, 2011**

**STUDENT(S) RIDING THE BUS:**

**NAME**

**GRADE**

_____	_____
_____	_____
_____	_____
_____	_____

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

**BUS SERVICE:**

\_\_\_\_\_ DAILY (A.M. only)  
\_\_\_\_\_ OCCASIONALLY (ten times or less per month)

**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 INDIANA**

PERMIT AND RELEASE FOR STUDENT TO USE BUS SERVICE TO SCHOOL

*I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
do hereby consent that the above student(s) may ride school bus to/from the Christian Academy of Indiana/  
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.*

\_\_\_\_\_  
Date signed

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

**THIS IS A RELEASE. PLEASE READ  
CAREFULLY BEFORE SIGNING.**