

**School Bus Service Consent Form**

**Student ‘s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Transportation to and from school can be carried out safely only if there is complete cooperation between the driver, teacher and students. For the safety of all passengers the following rules must be strictly followed:

1. Students will only be permitted to get off the bus at the stop designated for them unless the school is notified in advance of the drop off.
2. The driver and teachers must be treated with respect and the students must follow their directions at all times.
3. Students must be on time. The bus cannot wait for those who are tardy. Our schedule is posted on the home page of our website.
4. Students must enter and exit the bus in an orderly manner and must remain seated at all times. Students are also expected to maintain a safe and secure environment at all bus stops.
5. Students must remain quiet while on the bus and classroom voices must be used.
6. The doors and windows must not be tampered with while on the bus.
7. No eating or drinking on the bus.

The fee for the bus is $100 EC per month for two-way transportation and $50 EC for one-way. The fee for the bus service will be added to your monthly billing statement.

Please indicate in the space provided any individual(s) other than a student’s legal guardian who is permitted to pick up them up from school and/or the bus stop.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below you are acknowledging the cost for the bus, acknowledging that the bus rules are fully understood and granting permission for any adults indicated above to pick up your child in your absence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent/Guardian Date