

Brevard Academy School Bus Authorization

I hereby authorize my child/ children to use the Brevard academy school bus service. I understand it is my responsibility to transport my child to the designated bus stop in the AM (when using AM service) by the time specified by Brevard Academy and to supervise my child/ children until they board the bus. I further understand that Brevard academy may only discharge my child to an authorized guardian/ caregiver that I specify below. I agree that in the absence of an authorized guardian meeting my child at bus drop off, my child will return to the school on the bus at the completion of the route.

Children that will take the bus: Please indicate your first choice the preferred route(s), stop and the days the student will utilize those stops in the AFTERNOON with an X on the day the student will ride that bus. If the student needs to ride a second route on certain days indicate that in the "secondary route" row. All Routes subject to availability. *(please print neatly)*

Route selection	First Name	Last Name	Grade	Teacher	Route A,B or C	PM Bus Stop	M	T U	W	T H	F
Primary											
Secondary											
Primary											
Secondary											

Below is listed the parties that I authorize to take responsibility of my child upon bus drop off. Please list all parents or custodial guardians (include yourself) in order of most likely to pick up the student each day. *(please print neatly)*

First name	Last Name	Relationship	Phone #

Parent signatures:

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature : _____

Date: _____

-----OFFI

CE ONLY: date submitted: _____

Parent contacted: Name _____ date _____ Administrator: _____

First Day to ride: _____ All records Completed Date: _____

Contract and parent packet signed and returned: _____ Date: _____

Notes: