

SCHOOL BUS CONTRACT



*For bus service, please print and complete this page, in addition to the following two pages (Route Information Pages 1 and 2). **Forms must be submitted to the financial office by August 10.***

I will utilize school bus service for the entire school year. By signing this contract, I acknowledge that a \$25, NON-REFUNDABLE processing fee will be charged to my school account, and I further accept bus service for the entire school year.

I agree to pay \$70 one way or \$95 round trip, per family, per month. This rate is effective for up to two children. Each additional child would incur a \$10 per-month charge.

I further understand that all routes and stops are provided on a demand basis. Faith Baptist Schools' Transportation Department may at any time discontinue service on any route, to any stop, should the demand for a particular route or bus stop cease to exist.

Our bus fares are current only as long as fuel and maintenance costs remain stable. Faith Baptist Schools' Transportation Department may find it necessary to adjust the cost of its bus service, should fuel or maintenance costs increase.

I further understand that my child will be picked up or dropped off **ONLY** at the assigned bus stop, unless written notice is give to Faith Baptist Schools.

Mother's Signature

Father's Signature

Date _____ / _____ / _____

TE ONLY _____ _____ _____

FAITH BAPTIST SCHOOLS' TRANSPORTATION DEPARTMENT

Route Information Page 1

Service requested for: A.M. only P.M. only A.M. & P.M.

OFFICE USE ONLY			
Route _____			
Father's Name _____		_____	
<small>Last</small>		<small>First</small>	
Mother's Name _____			
<small>Last</small>		<small>First</small>	
Father's Work () _____	Mother's Work () _____	Father's Cell () _____	Mother's Cell () _____
Home Phone () _____	Address _____ City _____ Zip _____		
Nearest major cross streets: _____ and _____			

LIST NAMES OF CHILDREN ENROLLED AT FAITH BAPTIST SCHOOLS. INCLUDE LAST NAME IF DIFFERENT.

Name	Circle One	Grade Entering
_____	M F	_____
_____	M F	_____
_____	M F	_____
_____	M F	_____

PLEASE LIST SIGNATURES OF ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD.

Father's Signature _____	Father's Name _____
Mother's Signature _____	Mother's Name _____
Other Signature—Please Specify Relationship _____	Printed Name _____

WAIVER TO LEAVE JUNIOR AND SENIOR HIGH SCHOOL STUDENTS AT THE BUS STOP

PLEASE CIRCLE ONE: If I am not present at the bus stop, I **DO** or **DO NOT** want my child left at the bus stop without supervision under any circumstances.

No elementary child will be dropped off at the bus stop without a parent or guardian to receive him.

By signing below, I am giving permission for _____ to be transported by the Faith Baptist Schools' Transportation Department buses. I understand that Faith Baptist Schools requires its students to comply with all School policies while being transported to and from school. I hereby give permission for my child to be transported upon Faith Baptist Schools' buses and to be under the authority of Faith Baptist Schools' staff while off campus.

Parent's Signature _____

Authorization to Treat a Minor

I (we) the undersigned parent(s), or legal guardian, of _____, a minor, authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the state of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that all effort shall be made to contact the undersigned prior to rendering treatments to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

List any restrictions: _____

Last Diphtheria Tetanus Booster: ____/____/____ Allergies to Drugs and Foods: _____

Any Special Medications or Pertinent Information: _____

Special Medications or Pertinent Information: _____

Family Physician _____

Address _____ City _____ Zip Code _____

Insurance Company _____ Policy No. _____

Parent's Signature _____