

Lawrence County Bus Route Permission Form

I hereby give my permission for my child _____ to travel by bus from Forest Pro LLC (1710 W Broad St) to Brookhaven Academy.

I agree to pay as follows (please check one):

A monthly fee of \$200 for 1 student August through May

A monthly fee of \$250 for 2 or more students per family August through May

A daily rate of \$15 for 1 Student

A daily rate of \$25 for 2 or more students

Parent/Guardian Signature (required)

Parent/Guardian daytime phone number

In granting permission, I hereby expressly waive claim for liability against Brookhaven Academy, Board of Directors, including its employees and representatives and release them from liability in connection with this bus route. Late pick up will result in an additional fee of \$5.00 for every 15 minutes after pick up time. Further, I assume full responsibility for any damage to persons and/or property caused by my child.

Furthermore, in case of emergency or injury to my child, I hereby authorize the school to act in the best interest of my child. It is further acknowledged that if this BUS ROUTE PERMISSION FORM is signed by one of two parent(s)/guardian(s), it is also authorized to the other parent/guargian.

Administrator initials

Date