

**BYRAM HILLS SCHOOL DISTRICT
ACTIVITY BUS AGREEMENTS: School, Parents, Activity Providers**

2018 - 2019 School Year

By signing this form below, parents and activity providers indicate agreement to the Byram Hills requirements for use of activity buses. One form is required for *each* Activity, signed by both parent and activity provider. We ask parents to sign the form, the activity provider to collect the signed forms from parents, and then deliver the complete set, together with a roster listing all the names, in advance of the start date.

STUDENT NAME: _____ GRADE: _____

ACTIVITY: _____

LOCATION

CHECK ONE

Armonk Dance	Armonk Indoor/Bubble	Armonk Tennis	B'nai Yisrael Temple	Castleford Soccer	Edge of Dance	Equinox
Grand Slam Tennis	Hergenhan	Lombardi Park	Sage Yoga	St. Pat's CCD	Standing Ovations	

DAY(S) OF WEEK ATTENDING ACTIVITY: (circle) M T W TH F

RANGE OF DATES STUDENT WILL ATTEND THIS ACTIVITY:

From: _____ To: _____

SIGNATURES: I agree to the District's requirements for providing this transportation.

PARENT: _____ DATE: _____

Emergency Contact Person: _____ Phone #: _____

PARENTS

Completed form **MUST** be returned to the **ACTIVITY PROVIDER ONLY**. Incomplete forms will not be accepted. No forms will be accepted at the Transportation Office. **NO EXCEPTIONS**. Daily notes are still required to be handed in to your student's school to ride the activity bus

ACTIVITY PROVIDERS

Please deliver this form accompanied by a completed Byram Hills Activity Roster to the **TRANSPORTATION DEPARTMENT** prior to the start of your activity. Proof of insurance must be delivered to the School District.