Bus Registration 2010-2011

Dear Sussex Bus Parents,
In order to operate the bus in a safe manner, a complete form is required. If this form is incomplete, it will be returned to you. Please be mindful that there is a maximum of 50 seats available. You will receive a confirmation within a couple of weeks of returning this form. The $50 registration fee (per family) is required with this form.

Parent Name: _____ Relationship to Rider: _____

Phone: Home-_____ Work-_____ Mobile-_____

Parent Name: _____ Relationship to Rider: _____

Phone: Home-_____ Work-_____ Mobile-_____

Parent E-mail address_____

Name of Student Riders:_____ Grade Level 10-11: _____

_____ Grade Level 10-11: _____

Requested Service Location & Times: ***(Please Circle)***

- Millsboro at Workman's Store 7:00 AM / 4:15 PM / BOTH
- Seaford at Royal Farms 7:15 AM / 3:55 PM / BOTH
- Pick up at Laurel at Discount Land 7:25 AM
- Drop off at Laurel at Bargain Bill's 3:45 PM OR BOTH
- Salisbury Christian School Arrive 7:50 AM / Depart 3:30 PM

Times are approximate. Once we begin the service, we may have to make slight adjustments based on traffic issues.

*Be advised that a note from a parent must be sent to the office 24 hours in advance when there is a change from these arrangements. If a child does not have a note, SCS will not change the arrangements.

I, the undersigned parent or legal guardian of the minor(s) named above hereby give my permission for my children to ride the SCS bus. In consideration of the above-named minor(s) being permitted to ride the bus, I agree that I will not hold Salisbury Christian School or their staff, agents, representatives, volunteers, or others acting on behalf of Salisbury Christian School or responsible for any accidents, injuries, damages or losses of any kind which may arise out of my child's participation in the SCS bus program, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such events by or at the request of Salisbury Christian School, its staff, agents, representatives or volunteers.

I agree to allow decisions regarding emergency medical care for my child to be made and determined by the adult leaders of Salisbury Christian School. I hereby authorize Salisbury Christian School or the adult staff member or volunteer designated by Salisbury Christian School to consent on my behalf to emergency medical, surgical or dental examination or treatment in the event that such care is required for my child. I understand that I will be responsible for payment of all emergency medical expenses incurred by or on behalf of my child.

I further hereby authorize physicians and emergency medical personnel to provide medical attention and treatment which they, in their medical judgment, deem reasonably necessary for the emergency care of my child in the event of illness or injury. I agree not to hold Salisbury Christian School or individuals acting on behalf of Salisbury Christian School or as volunteers in connection with the bus program liable for any negligence or any actions or omissions relating to emergency medical care and absolve them from all such liability.

_____ _____

Parent Signature Date

OFFICE USE ONLY:
Received on _____
Payment: Cash _____ Check _____
Check # _____
Confirmation Sent on _____