



# Light of Faith Christian Academy Transportation Information & Waiver

18008 Bothell-Everett Hwy. #H Bothell, WA 98012 (425) 419-4129 [www.lightoffaith.org](http://www.lightoffaith.org)

The following form authorizes LFCA to provide transportation/bus services to your student.



Light of Faith Christian Academy offers bus transportation to and from school for a fee. LFCA has partnered with Little Lamb Academy to offer these services for LLA students. Bus services are billed on a monthly basis; pricing varies based on distance and frequency.

**Quote Request** ( check all that apply):

Day(s) Requested:  M  T  W  T  F

Service Requested:  AM Pickup only  PM Dropoff only  AM/PM

**WAIVER: Parents, please complete the following:**

As the parent/guardian of \_\_\_\_\_,  
STUDENT NAME (PRINT)

I give my permission for my student to use school-provided transportation to travel to and from school, field trips, and school-related activities. I give my permission for him/her to be transported by LFCA Faculty and Staff as well as LFCA-authorized volunteer bus drivers. I give permission for my child to be transported by Academy Bus or Staff Vehicles as necessary.

I absolve Light of Faith Christian Academy, Light of Faith Christian Church, Light of Faith Ministries, and Little Lamb Academy from any liability to me or my student because of any injury to my student during transportation. I absolve Light of Faith Christian Academy, Light of Faith Christian Church, Light of Faith Ministries, and Little Lamb Academy from any liability to me or my student because of any injury to my student once my student has been (a) released to a pick-up recipient or (b) released at a school bus stop (drop-off location); I understand that once a student has been released from the transportation vehicle, the student is no longer in the care of the Academy. I understand and am liable for all fees for this service.

**Student Name (print):** \_\_\_\_\_ **Parent Name (print):** \_\_\_\_\_

**Parent Signautre:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Drop-off Address:** \_\_\_\_\_

**Students below the second grade will be released to an authorized pick-up person. Please list all persons who are authorized to receive your student from the bus. Please include any siblings who may receive students as well, even if they also take the bus.**

**Authorized Pick-Ups:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_