

PARENTS: FORM MUST BE RETURNED TO ACTIVITY PROVIDER
NOT TRANSPORTATION DEPARTMENT

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

2024 - 2025 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

CIRCLE ONE

Armonk Dance Activity Bus	IBM/Armonk Indoor/ Bubble IBM Bus	Armonk Tennis IBM BUS	B'nai Yisrael Temple	Edge of Dance IBM Bus	Equinox IBM Bus
Grand Slam Tennis Bus 7 CH Bus 7 W Bus 11 HS/MS	Hergenhan Activity Bus	Lombardi Park Activity Bus	St. Pat's CCD	Soccer	Whippoorwill Tennis Bus 3 HS/MS

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 requests are still required to be completed to your student's school to ride the activity bus.

ACTIVITY PROVIDERS

Please submit this form electronically to transportation@byramhills.net, prior to the start of your activity. Proof of insurance must be delivered to the School District.