



NORTH DALLAS ADVENTIST ACADEMY

PARENT/GUARDIAN CONSENT FORM FOR SCHOOL BUS/VAN

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

I hereby give permission for my child or ward, \_\_\_\_\_, to ride the school bus/van. I understand my child will be riding to and from the school on the following date(s):

- Everyday, to and from school
- \_\_\_\_\_

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. I further expressly agree that in the event of disciplinary action, or if the health of my child or ward makes it necessary at the discretion of the sponsors, my child or ward be forthwith returned home at my expense. I understand that the student accident insurance carried by **North Dallas Adventist Academy** is in force for this school activity, and I assume financial responsibility for any medical or dental expense. A claim may be filed with the student accident insurance company as secondary coverage.

SIGNATURE of Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

Please PRINT Parent/Guardian name here: \_\_\_\_\_

Parent/Guardian can be reached at: \_\_\_\_\_ and/or \_\_\_\_\_  
(daytime or work phone #) (cellular/mobile phone #)

Parent/Guardian ADDRESS: \_\_\_\_\_