

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

**2019 – 2020 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 form 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.