

Bay Haven Charter Academy, Inc
Parent Transportation Agreement – 2018-2019 School year

I, the undersigned do understand and agree to have my child(ren) Transported by the Bay Haven Charter Academy, Inc. Transportation. I understand and agree that my child(ren) who is in Kindergarten, first, second or third grade shall be picked up at the Neighborhood Bus Stop only by any of the individuals listed on the “pickup” list as indicated below.

As per the BHCA, Inc Transportation policy I fully agree to pick my child up daily from the indicated Neighborhood Bus Stop at the indicated time as posted on the bayhaven.com website. I recognize the rules and policies posted on said website and agree to abide by same.

Child’s name: _____ Grade: ____ NBH campus BH campus

Child’s name: _____ Grade: ____ NBH campus BH campus

Child’s name: _____ Grade: ____ NBH campus BH campus

The following persons are authorized to pick up my child(ren):

_____	_____	_____
Name	Cell	Relationship
_____	_____	_____
Name	Cell	Relationship
_____	_____	_____
Name	Cell	Relationship
_____	_____	_____
Name	Cell	Relationship

I fully understand and agree that any person listed above as having permission to pick up my child(ren) shall produce a **valid driver’s license** as proof of identity to take charge of the child at the Neighborhood Bus Stop. I further fully understand that if the person selected by me, the parent/guardian, is not at the indicated Neighborhood Bus Stop at the indicated time, then my child(ren) shall continue on the bus route to the next stop and continue until the child(ren) is returned to their school of attendance and placed in After Care, unless picked up at a subsequent stop by one of the indicated parties. I agree to pay any After Care charges for services. I also understand that the driver of the bus has the authority to prevent the child(ren) from departing the Neighborhood Bus Stop with the person who arrives to pick the child up if they deem the situation unsafe or in dispute. This may cause an inconvenience, but the safety of the child comes first and we shall error on the side of child safety.

Printed Name Signature Date

STATE OF FLORIDA COUNTY OF _____	The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____
_____	STAMP
Signature of Notary Public	Personally known ____ OR Produced Identification ____ Type of ID produced: _____

(Revised 5/1/2018)