

Countryside Academy Shuttle Bus Registration Form 2018/2019



_	ONE FOR	M PER FAMILY	_
Student Name:	Grade:	Student Name:	Grade:
Student Name:	Grade:	Student Name:	Grade: _
Student Name:	Grade:	Student Name:	Grade:_
Parent/Guardian Name:		Daytime Phone: ()
Address:		Alternate Phone: ()
Emergency Contact:		Phone: ()
nton Heights:	© First Church of God View Apartments d Church St. John's Church	FOLLOWING SHUTTLE: (<u>CHEC</u>	
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npire: @ Orchard View		@ Teen Center	
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I authorize Countryside Academy to transport my student(s) named above between off-campus shuttle sites and Countryside Academy campuses. I hereby release Countryside Academy, its employees, and agents from any and all liability for any injury, death, or damage while being transported.

Parent/Guardian Signature: ______ Date: _____