Kingdom Faith Academy
4400 Stamp Rd Suite 100 Temple Hills, MD 20748
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2023/2024 SCHOOL BUS TRANSPORTATION AUTHORIZATION FORM

Student Name: _____

Date of Birth: _____ **Grade:** ____

Name of School: _____ **Address of School:** _____

Time School Opens AM _____ **Bus Drop-Off Time AM** _____

Time School Closes PM _____ **Bus Pickup Time PM** _____

Authorized Parent/Guardian Name: _____

Address: _____

Office #: _____ **Cell #:** _____ **Email:** _____

I am engaging the services of Kingdom Faith Academy (KFSchools) to drop-off / pickup my child(ern): 1. _____ 2. _____ at the above named school at the time stated above.

In the event that the school closes early or resumes late, I authorize KFSchools to drop-off/pickup as appropriate.

Incase of emergency, I authorize KFSchools to provide the above information to authorized agencies that can help resolve any emergency.

If my child will be absent and not taking the bus, I understand that I will communicate directly to KFSchools via email, text or phone call. Any uninformed absent or inconvenience will attract additional transportation fee.

I understand that I will give KFSchools 1 week notice if I decided to terminate this service. I also understand that KFSchools reserves the right to discontinue this service for whatever reason.

By signing, I agree to all of the above:

_____ _____ _____

Name **Signature** **Date**