



CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

2015-16 Parent & Student Bus Policy Acknowledgement Form

Date: _____

Name of Student: _____ Grade: _____

Pick-up Location (check): ☐ Franklinton ☐ Youngsville ☐ Bracey
☐ Ridgeway Post Office ☐ Norlina (Oine Rd.)

I have read and understand the CCS School Bus Policy and agree to cooperate with these procedures for the safety and well-being of all riders.

Signature of Parent or Guardian: _____

Signature of Student: _____

Physical Street Address: _____

City, State, Zip: _____

Home Phone: _____ Parent's Work Phone: _____

Student's Cell Phone (if one) _____ Parent's Cell Phone: _____

Bus Driver Emergency Information

The driver will use this information in case of a bus-related emergency.

Current medical conditions: _____

Medications: _____ Allergies: _____

Person to be notified: _____ Relationship to student: _____

Phone: (____) _____

Person to be notified: _____ Relationship to student: _____

Phone: (____) _____

Pick-Up Authorization

Persons authorized to pick up student at bus stop (Please print.):

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Financial Arrangements

The bus fee, if applicable, is \$825 per year per student. This fee can be paid as a lump sum by August 1 or can be added to your monthly tuition payments through FACTS. It is a yearly commitment. (Non-Refundable)

For Office Use Only

Date: _____

☐ Cash

☐ Check

☐ FACTS