

NOTRE DAME ACADEMY

SCHOOL BUS INFORMATION FORM FOR 2024-25 SCHOOL YEAR

Please complete and return this form to Mrs. Kardassakis during the first week of school.

Student's Name: _____ Grade: _____

Address: _____ Home Phone: (____) _____

City/State/Zip: _____

Mother/Guardian's Name: _____ Cell Phone: (____) _____

Father/Guardian's Name: _____ Cell Phone: (____) _____

E-mail Address: _____

Emergency Contact: _____

Phone #: (____) _____ Relationship: _____

_____ Manhattan Beach

_____ Westchester

_____ Redondo Beach

_____ El Segundo

I have checked the stop we request above. Bus service is being provided by Tumbleweed Transportation "TT" under contract to Notre Dame Academy "NDA." In an emergency, TT has my permission to obtain medical treatment for my child. My child and I agree to abide by all school bus rules as established by TT and NDA.

Understood and Agreed By: (Print Name) _____

Signed: _____ **Date:** _____

(Signature of Parent/Legal Guardian)

Please check below your plan choice for next year:

_____ Plan 1 - \$2,100.00 - Full year round trip

_____ Plan 2 - \$1,325.00 - Full year one way (same way each day) AM/PM

_____ Bus Passes - \$90.00 - Book of 10 one way passes

(Email Mrs. Kardassakis to purchase bus pass books at lkard@ndala.com. This is not an order form.)

Select one by Initialing: (This does not apply to Bus Passes, only Full Year choices)

Check/Cash attached _____ **OR** Charge my Finals site account _____