NOTRE DAME ACADEMY

SCHOOL BUS INFORMATION FORM FOR *2026-27* 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 First Student under contract to Notre Dame Academy "NDA." In an emergency, First Student 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 First Student 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 - $3,420 - Full year round trip

_____ Plan 2 - $2,430 - Full year one way (same way each day) AM/PM

_____ Bus Passes - $210.00 - Book of 10 one way passes

(Email Mrs. Kardassakis to purchase bus pass books at lkard@ndasla.org. 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 Finalsite account _____