

**PARENTS: FORM MUST BE RETURNED TO ACTIVITY PROVIDER**  
**NOT TRANSPORTATION DEPARTMENT**

**BYRAM HILLS SCHOOL DISTRICT**  
**ACTIVITY BUS AGREEMENTS: School, Parents, Activity Providers**

**2023 - 2024 School Year**

By signing this form below, parents and activity providers indicate agreement to the Byram Hills requirements for use of activity buses. One form is required for *each* Activity, signed by both parent and activity provider. We ask parents to sign the form, the activity provider to collect the signed forms from parents, and then deliver the complete set, together with a roster listing all the names, in advance of the start date.

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

**LOCATION:**  
**CIRCLE**  
**ONE**

Armonk Dance <b>Activity Bus</b>	IBM/Armonk Indoor/ Bubble <b>IBM Bus</b>	Armonk Tennis <b>IBM BUS</b>	B'nai Yisrael Temple	Edge of Dance <b>IBM Bus</b>	Equinox <b>IBM Bus</b>
Grand Slam Tennis <b>Bus 7 CH</b> <b>Bus 7 W</b> <b>Bus 11 HS/MS</b>	Hergenhan <b>Activity Bus</b>	Lombardi Park <b>Activity Bus</b>	St. Pat's CCD	Soccer	Whippoorwill Tennis <b>Bus 3 HS/MS</b>

DAY(S) OF WEEK ATTENDING ACTIVITY: **\*\*CIRCLE ONE\*\*** M T W TH F

RANGE OF DATES STUDENT WILL ATTEND THIS ACTIVITY:

From: \_\_\_\_\_ To: \_\_\_\_\_

SIGNATURES: I agree to the District's requirements for providing this transportation.

PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PARENTS**

Completed form **MUST** be returned to the  
**ACTIVITY PROVIDER ONLY.**

Incomplete forms will not be accepted. No forms will be accepted at the Transportation Office. **NO EXCEPTIONS.** Daily requests are still required to be completed to your student's school to ride the activity bus.

**ACTIVITY PROVIDERS**

Please submit this form electronically to [transportation@byramhills.net](mailto:transportation@byramhills.net), prior to the start of your activity. Proof of insurance must be delivered to the School District.