

Kamaile Academy Activities Bus Application SY25-26

Please return the completed hard copy application to the front office or email it to info@kamaile.org.

School Bus Release Permission Form	
Student Name:	Grade:
The student above <u>must</u> be enrolled in the program list. Bus. Third Party Location (Check One):	sted below to partake in the Activities
Third Party Location (Check One):	□ NE Kama Kai Delia⊊ Davi
☐ Boys and Girls Club Wai'anae	☐ Nā Kama Kai - Pōkaʿī Bay
☐ Mākaha Canoe Club - Pōka'ī Bay	☐ After Tutoring - Home
□ Nā Holokai Canoe Club - Pōka'ī Bay	
☐ E Ala - Wai'anae Boat Harbor	
Parent/Guardian Name:	Phone Number:
Email Address:	
Name of Emergency Contact 1:	Phone Number:
Name of Emergency Contact 2:	Phone Number:
Students catching the Activities Bus will meet at the Kamaile cafeteria after school to sign in. The Activities Bus generally departs campus around 2:30pm . Tutoring students will meet at the flagpole and depart around 3:15pm . If the undersigned parent/quardian of the above parent student, bereby grant permission for	
I, the undersigned parent/guardian of the above-named student, hereby grant permission for my child to be dropped off at the third party location listed above. I understand that my child will need to be picked up from this third party location by me or another designated adult by the program end time (check in with the third party location for the final program end time).	
I acknowledge that: - My child will adhere to all school bus rules and regulations while on the activities bus. Failure to do so may result in the loss of their seat on the activities bus for the remainder of the school year. - Once my child arrives at the third party location, the school will no longer be responsible for the supervision or safety of my child. - I assume full responsibility for my child's safety and well-being once they are at the third party location.	
By signing this form, I agree to release the school district, its employees, and the school bus company from any and all liability related to the safety and supervision of my child once they are at the designated third party location.	

Date:

Parent/Guardian Signature: