



# The International Family Academy

615 NW 14<sup>th</sup> Way Fort Lauderdale, FL 33311

[www.tifacademy.org](http://www.tifacademy.org) - 888-339-6558 Ext 5 - [Info@tifacademy.org](mailto:Info@tifacademy.org)

## APPLICATION FOR SCHOOL BUS TRANSPORTATION 2024-2025

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Pick Up/Drop Off Address: \_\_\_\_\_

### Bus Fee:

# Of Students	
1-2	35.00 Per Week
3-10	Free

Please return your application to [register@tifacademy.org](mailto:register@tifacademy.org) or in person to Ms. James. If you have any questions, please call Ms. James at 954-368-5100.

### Bus Rules and Regulations

- I understand, as mandated by state law, students can walk up to 1 mile to the assigned bus stop. Bus routes are not created to reflect street to street or door to door service. The safety responsibility for escorting the children to and from all assigned bus stops and the monitoring of students while at the bus stop shall rest with the parents/guardians of the children involved.
- I understand, all buses are equipped with audio and video surveillance equipment that is regularly reviewed. Your signature below indicates your knowledge of this fact and grants your consent.
- I understand, bus passes & bus routes will be mailed home or giving at the school.
- I understand, it will take 48 to 72 hours for a revision to the bus routes. If your child is new to the bus route, please plan for a total of 3 days before transportation starts.
- **I understand, all funds for bus service MUST BE PAID WEEKLY, MONTHLY, OR BI-WEEKLY.**
- **I agree to pay any all-outstanding balances by the end of the month.**

I HAVE READ AND ACCEPT THE ABOVE RULES AND REGULATIONS FOR THE BUSING OF MY CHILD(REN):

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Home Phone

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Cell

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Email

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Work Phone

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

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Date

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To be Completed by Front Office

Date Submitted

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Receiver

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Bus Route