

2022-2023 School Transportation Authorization

Student Name:		G	rade:
Bus stop required:			
Email address(es) for bus no	otifications:		
6:35am / 5 pm Hwy 400 & N 6:55am / 4:45pm Hwy 400 &	Major Mack Ca & Hwy 9 – Carpo	L6 Main St Unionville), SCARBOROUGH arpool Lot Stop # 5749, Vaughan, ON L4 pol Lot Stop # 3479 eakfast Club at 6048 ON-9, Schomberg,	
407 ETR WEST SCHOOL BUS			
6:40am / 5:15pm APPLEBY			
6:55am / 5 pm TRAFALGAR			CCALICA
7:15am / 4:45pm HUKUN1 <i>F</i>	1RIU 51. & 407 F	PARK and RIDE GO BUS STATION, MISSI	SSAUGA
School Bus Transpor	rtation Cost:	\$ 3,500.00	
-		nsportation Cost: \$ 1,700.00 *limited key rink 6015 ON-89, Alliston, ON L9R 1	•
School Bus due August 28th:	\$ 3,500.00	Northern Alliston Van due	e August 28th: \$1,700.00
I would like to pay in 2 instalm	ents as per below	v: (school bus only)	
Semester 1 due August 28th:	\$ 1,750.00		
Semester 2 due January 15 th :	\$ 1,750.00		
By signing, I request school tra	nsportation for c	child (named above) with above indicated	l transportation selections.
PRINT NAME (Parent/Guardian)	SIGNATURE (Parent/Guardian)	DATE
Payment Options: Credit card,	Cheque to 'The	Hill Academy' or E-transfer to Account	ing@thehillacademy.com
For credit card, please complet	e Visa/Masterca	rd authorization below.	
Name on Card:			
		:	Expiration Date:
• •		lemy to use provided credit card for payme	•
• • • •		Print Name:	•
 	** * ** **		

Inclement Weather Bus Cancellation: Email Notification approx. 6:00am / night before when possible.

Many factors and areas considered: York, Halton, Peel, Durham, Simcoe regions, school boards and weather conditions.

Late Bus Protocol: Hill Academy staff emails families upon receiving notification. There are protocols for bus communication, but everyone is affected when unexpected events arise. (traffic, weather, breakdown, accidents, etc.)

After School: Hill Academy staff supervision to ensure safety and pick-up during school arrival and departure.



Transportation Consent, Waiver & Guidelines

Student Name:	Student Date of B	irth:
Health Card # (OHIP):		
Health Insurance Company & Poli	icy #:	
Parent/Guardian Emergency Cont	act Information:	
Parent Name:	Parent (2) Name:	
Cell #:	Cell (2) #:	
Email:	Email (2):	
functions/field trips, school sport prog As parent and/or legal guardian, I agre successors, and assigns, to release from Canada Holdings, Inc., their employee accident, property loss, injury or illness ACKNOWLEDGMENT I acknowledge that I have read and un	er/staff vehicle utilized/booked by The Hill A rams, residence home, family member/caregine on behalf of myself, my child named herein any and all liability and to hold harmless The series, insurers, agents and assigns for any and all series incurred as a result of, or in connection with a derstand Transportation Consent, Waiver & Consent of the series of the seri	iver home, Hill student home. n, and our representatives, heirs, he Hill Academy, The Hill I claims resulting from any h such transportation. C. Guidelines herein, understand
PRINT NAME (Parent/Guardian)	SIGNATURE (Parent/Guardian)	DATE
 Never distract the bus driver. All Talk quietly; driver needs to con Yelling, fighting, pushing peopl Keep your arms, hands and head Participate in all bus evacuation Garbage to be placed in bins pro 	at all times. Bags and parcels under seat or on y ways follow driver's instructions. Incentrate to safely drive the bus. In inside the bus/vehicle. In procedures. In removal of transportation privileges.	our lap.
	i to be reimbursed by student/jamity. I have read and understand Transportation Sa	fety Guidelines listed herein:
STUDENT NAME (Print Name)	STUDENT SIGNATURE	DATE