



**SHEPHERD OF GOD
CHRISTIAN ACADEMY**

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FLORIDA CITY, FL 33034**

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BUS TRANSPORTATION REGISTRATION FORM

**REGISTRATION FORMS AND FEES ARE DUE AUGUST 14th.
FIRST DAY OF BUS AUGUST 21st.**

Today's Date: _____ Date to begin: _____

Parents Names: _____

Address: _____

Guardian's Phone: _____ Email: _____

My Child(ren) will be riding the bus: _____ Mornings _____ Afternoon

Student Name(s) :

Grade:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL INSTRUCTIONS/ADDITIONAL INFORMATION

Parent's Name and Signature