



**SHEPHERD OF GOD  
CHRISTIAN ACADEMY**

**(786) 339-8503**

**824 W PALM DR,  
FLORIDA CITY, FL 33034**

**ADMISSIONS.SOGCA@GMAIL.COM**

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# **BUS TRANSPORTATION REGISTRATION FORM**

**REGISTRATION FORMS DUE ASAP.  
FIRST DAY OF BUS SEPTEMBER 3RD, 2024.**

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

\_\_\_\_\_  
\_\_\_\_\_

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Parent's Name and Signature