



**International
School**
Los Angeles
**Lycée
International**

Parent / Guardian Initials: _____

Student's Name: _____

Intercampus Bus Transportation Form 2024-2025

Campuses

Burbank

Los Feliz

Pasadena

West Valley

Student's Information:

Full Name: _____

Grade: _____

Campus: _____

Normal AM/PM Bus Services

Pasadena > Burbank > Pasadena

Los Feliz > Burbank > Los Feliz

West Valley > Burbank > West Valley

Burbank > Los Feliz > Burbank

Late Bus Schedule

Burbank > Los Feliz(TBD)

Burbank > Pasadena

Burbank > West Valley

Please note: the use or not of the late bus service does not affect the overall pricing. This is provided as an additional service to the normal day service bus users only. The provision of Los Feliz late bus is not yet determined.

Designated Parent Contact: _____

Phone Number: _____ Alternative Phone Number: _____



Parent / Guardian Initials: _____

Student's Name: _____

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Transportation Plan Options:

| | | | |
|----------|----------------------|--------------------|------------------------------------|
| Option 1 | Annual | Round Trip | \$1,575 \$1,200 for any sibling |
| Option 2 | Annual | One Way | \$1,200 |
| Option 3 | Daily (60 days/year) | Round Trip/One Way | \$975 |
| Option 4 | Daily (30 days/year) | Round Trip/One Way | \$600 |

Note: Sibling Discount is applicable to Option 1 users only. If you choose option 1 for your first child your second child and third child, etc. will each be charged at the reduced rate of \$1200 per annum each. Choose 'Option 1-Annual-Round Trip-Sibling' for the siblings of the first applicant to get this reduced rate.

Please Select/Check One Option Below:

Option 1: Annual - Round Trip

Option 2: Annual - One Way

Option 3: Daily (60 days/year)

Option 4: Daily (30 days/year)

Payment Options:

Authorization to add to Blackbaud Tuition Management Account.
(previously known as SMART Tuition) (for existing accounts only)

Prepayment in full via check.
(to be submitted along with this form to the Campus Business Manager)

Payment via School Cash Online (SCO).
(Fee to be assigned and payable in full before Friday, September 15, 2024)



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Release of Liability:

I understand that in order for my child to be allowed to use this service, I have to sign the release of liability below and payment arrangements must have been made. I also understand and agree that in the case of emergencies, my child may be transported to a different campus for care and pick up.

I hereby authorize and direct the school to include my child/ward in this service. I authorize my child/ward to be transported by a van/bus and I EXPRESSLY RELEASE AND DISCHARGE LYCEE INTERNATIONAL DE LOS ANGELES, ITS AGENTS, EMPLOYEES, ITS CONSULTANTS, DIRECTORS, BOARD MEMBERS, AND ANY OTHER ACCOMPANYING ADULT(S) FROM ALL CLAIMS OF ACTION THAT I/WE AND/OR MY/OUR CHILD/WARD MAY HAVE NOW OR IN THE FUTURE, KNOWN OR UNKNOWN, ARISING OUT OF THE TRANSPORTATION OF MY/OUR CHILD/WARD.

Late Shuttle Transportation Release of Liability:

I hereby authorize and direct the school to include my child/ward in this service if available. I authorize my child/ward to be transported by a van/bus and I EXPRESSLY RELEASE AND DISCHARGE LYCEE INTERNATIONAL DE LOS ANGELES, ITS AGENTS, EMPLOYEES, ITS CONSULTANTS, DIRECTORS, BOARD MEMBERS, AND ANY OTHER ACCOMPANYING ADULT(S) FROM ALL CLAIMS OF ACTION THAT I/WE AND/OR MY/OUR CHILD/WARD MAY HAVE NOW OR IN THE FUTURE, KNOWN OR UNKNOWN, ARISING OUT OF THE TRANSPORTATION OF MY/OUR CHILD/WARD.

LILA Transportation Safety Plan:

Please review the [LILA Transportation Safety Plan](#). The parents of the students using any school bus service and/or school transportation service for afterschool activities and field trips will make themselves and the student familiar with the requirements of this plan as applicable to their use of school transportation.

By signing below, the authorized parent / guardian hereby understands and agrees to follow the LILA Transportation Safety Plan, and agrees to all policies and releases of liabilities regarding bus transportation, and information as outlined above as part of this registration.

Parent / Guardian's Full Name: _____

Parent / Guardian's Signature: _____ Date: _____