

**120 Wyoming Ave SW, Huron, SD 57350/ Phone #(605) 353-0100/ Fax #(605)353-0102**

[**www.PeoplesTransitHuron.com**](http://www.PeoplesTransitHuron.com)

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passenger’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial:\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F Primary #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*\*Medicaid # (for medical appointments only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ambulatory\_\_\_ Wheelchair/Lift \_\_\_ Ethnicity: Caucasian/ Hispanic/ African American/ Native American/ Asian/Other

* **Please put the actual dates of the start and end of each destination.**
* **Please put the time the child needs to be to school and what time the school ends.**
* **Please circle the days they need rides.**
* **Please select if the ride will be standing or will call.**
* **Additional pick up & drop off addresses can be added to the back page.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date:** | **Start Time:** | **Pick up** **Address:** | **Drop off** **Address:** | **Standing or Will Call?** |
|   |   |   |   |   |
| **End Date:** | **End Time:** | **Pick up****Address:** | **Drop off****Address:** | **Standing or Will Call?** |
|   |   |   |   |   |
|  **Please circle the** **Days needed:** |  **Mon Tue Wed Thu Fri** |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date:** | **Start Time:** | **Pick up** **Address:** | **Drop off****Address:** | **Standing or Will Call?** |
|   |   |   |   |   |
| **End Date:** | **End Time:** | **Pick up** **Address:** | **Drop off** **Address:** | **Standing or Will Call?** |
|   |   |   |   |   |
|  **Please circle the days needed:** |  **Mon Tue Wed Thu Fri** |   |

 **LEGAL PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Those authorized to make changes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Other than the parent/guardian) (Different than # above)**

**PASSENGER AND /OR LEGAL GUARDIAN PLEASE READ AND INITIAL THE FOLLOWING:**

**\_\_\_\_\_\_ I hearby acknowledge that People’s Transit has a NO REFUND POLICY on all lost fares and bus tokens.**

**\_\_\_\_\_\_ I understand there is no longer a discount for Medicaid. The price will be $2.50 per ride.**

\_\_\_\_\_\_ **I UNDERSTAND** that lack of payment will cause interruption in service. I understand that if my child does not have proper payment at the time of pick up, my child will not be able to ride the bus and will be sent back. It is the parents responsibility to keep track of payment and the number of tokens your child has left.

\_\_\_\_\_\_ **I UNDERSTAND** that I need to pre-schedule (By 4:30pm the day before) to receive regular bus rates. I understand that if the bus needs to return to pick my child up after missing the bus, it will cost either 1 extra token or double the fare price.

\_\_\_\_\_\_ **I UNDERSTAND** the no show policy. I am responsible to pay for the no show the next time my child rides the bus.

\_\_\_\_\_\_ **I UNDERSTAND** that any cancelations must be made by 4:30pm the day before or I risk a same day fee of double fare price or 2 tokens.

\_\_\_\_\_\_ I am responsible for updating my personal information as needed. This includes change of address or phone number.

\_\_\_\_\_\_ **I UNDERSTAND** that ANY misconduct on the bus will result in a warning and a parent or guardian will be notified. If the problem persists the rider will be suspended. The length of suspension will depend on the seriousness of the misconduct. **BULLYING WILL NOT BE TOLLERATED!**

\_\_\_\_\_\_ **I UNDERSTAND** that People’s Transit reserves the right to refuse service.

\_\_\_\_\_\_ **I UNDERSTAND** that People’s Transit is committed to providing NON- discriminatory service & that I may call the office with any concerns.

\_\_\_\_\_\_ **I UNDERSTAND** that as a parent/ guardian if I am not outside or in the doorway when People’s Transit drops my child off, the child will be taken to our office unless otherwise given permission to drop off unattended. While the child is at the office, we will continue to contact all contacts listed on the rider registration. If no one can be reached by the time our office closes, authorities will be notified.

\_\_\_\_\_\_ **I UNDERSTAND** that if my child damages a bus, the Parent/ Guardian will be responsible for damages.

\_\_\_\_\_\_ **I UNDERSTAND** that I must fill out a new rider registration every school year, as well as for any summer or after school programs.

**The above information is true to the best of my knowledge.**

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

**Parent/ Guardian Signature Date**

**Additional Authorized Addresses:**

 Name / Address of **Destination :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name / Address of **Destination :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name / Address of **Destination :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_