****

**For Office Use Only:**

**City:** \_\_\_\_\_\_\_\_\_\_\_

**NCR:** \_\_\_\_\_\_\_\_\_\_\_

**Other:**  \_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

**In town: $**\_\_\_\_\_

**Outside City Limits:**

**$**\_\_\_\_\_

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

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

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

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PT Passport is active from June 1, 20\_\_\_ to August 31, 20\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date** | **Starts at:** | **Pick up at:** | **Drop off at:** | **Standing or Will Call?** |
|  |  |  |  |  |
| **End Date** | **Ends at:** | **Pick up at:** | **Drop off at:** | **Standing or Will Call?** |
|  |  |  |  |  |
| **What days?** | | **Mon Tues Wed Thur Fri** | |  |
|  |  |  |  |  |
| **Start Date** | **Starts at:** | **Pick up at:** | **Drop off at:** | **Standing or Will Call?** |
|  |  |  |  |  |
| **End Date** | **Ends at:** | **Pick up at:** | **Drop off at:** | **Standing or Will Call?** |
|  |  |  |  |  |
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|  |  |  |  |  |
| **What days?** | | **Mon Tues Wed Thur Fri** | |  |
|  |  |  |  |  |

**LEGAL GUARDIAN INFORMATION**

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

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

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\_\_\_\_\_\_ I UNDERSTAND** that the PT Passport is only valid from June 1st to August 31st. For which all rides thereafter will be cancelled. This registration does not count as a school registration for the upcoming year.

**\_\_\_\_\_\_** I hearby acknowledge that People’s Transit has a **NO REFUND POLICY** .

**\_\_\_\_\_\_ I UNDERSTAND that any ride that is not cancelled will result in a no show fare of $2.50.**

**\_\_\_\_\_\_ I UNDERSTAND that I need to pre-schedule (By 4:30pm the day before).**

**\_\_\_\_\_\_ I UNDERSTAND that any cancellations must be made by 4:30pm the day before.**

\_\_\_\_\_\_ I am responsible for updating my personal information as needed. This includes change of address or phone number. Failure to do so, may result in a no show.

\_\_\_\_\_\_ **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 TOLERATED!**

\_\_\_\_\_\_ **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.

\_\_\_\_\_\_ **I UNDERSTAND the PT Passport does not qualify for school transportation should school days run into June or begin in August.**

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

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

**Parent/ Guardian Signature Date**