



120 Wyoming Avenue SW | Huron, SD 57350 | Phone # (605)353-0100 | Fax # (605)353-0102

Website: www.PeoplesTransitHuron.com Email: office.peoplestransit@midconetwork.com

Office Use Only

Rec'd by: _____

Date: _____

Ent By: _____

Date: _____

Rev by: _____

Date: _____

SCHOOL YEAR 20____ thru 20_____

Today's Date: _____

Child's Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Sex: M / F Medicaid # (medical appointments only) _____

PARENT/GUARDIAN INFORMATION

Name: _____ Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Start Date:	Pick up Time:	Start Time:	Pick up Address:	Drop off Address:	Standing Reservation or Will Call?
	Office Use Only				
End Date:	Pick up Time:	End Time:	Pick up Address:	Drop off Address:	Standing Reservation or Will Call?
	Office Use Only				
Circle days needed: Mon Tue Wed Thu Fri					Leave unattended? Y / N

Start Date:	Pick up Time:	Start Time:	Pick up Address:	Drop off Address:	Standing Reservation or Will Call?
	Office Use Only				
End Date:	Pick up Time:	End Time:	Pick up Address:	Drop off Address:	Standing Reservation or Will Call?
	Office Use Only				
Circle days needed: Mon Tue Wed Thu Fri					Leave unattended? Y / N

Emergency Contact: _____ Phone #: _____ Relationship: _____
(Different than parent/guardian listed above)

Daycare Provider: _____ Phone: _____

Others authorized to make changes: _____

PARENT/GUARDIAN READ AND INITIAL THE FOLLOWING:

- _____ **I UNDERSTAND** People’s Transit is committed to providing NON- discriminatory service and that I may call the office with any concerns.
- _____ **I UNDERSTAND** People’s Transit has a **NO REFUND POLICY** on bus tokens.
- _____ **I UNDERSTAND A MASK MUST BE WORN WHILE RIDING THE BUS.** (Until further notice)
- _____ **I UNDERSTAND** People’s Transit reserves the right to refuse service.
- _____ **I UNDERSTAND** lack of payment may cause interruption in service
- _____ **I UNDERSTAND** rides must to be pre-scheduled the day before by 4:30 PM.
- _____ **I UNDERSTAND** my child has three (3) minutes to get to the bus once it arrives.
- _____ **I UNDERSTAND** the no show policy (failure to cancel ride/failure to get on the bus) and will be responsible to pay for the no show the next time my child rides.
- _____ **I UNDERSTAND** cancellations must be made by 4:30 pm the day before or at least 30 minutes prior to pick up or a no show policy will be applied.
- _____ **I UNDERSTAND** if the bus must return to pick up my child after missing the bus it will be considered a no show.
- _____ **I UNDERSTAND** personal information must be updated as needed i.e....change of address or phone number.
- _____ **I UNDERSTAND** ANY misconduct on the bus will result in a warning and a parent/guardian will be notified. If the problem persists the rider may be suspended.
- _____ **I UNDERSTAND BULLYING WILL NOT BE TOLERATED!**
- _____ **I UNDERSTAND** if parent/guardian/daycare provider is not outside or in the doorway when my child is dropped off, the child will be taken to the office. If no one can be reached by the time our office closes authorities (law enforcement/child protection) will be notified.
- _____ **I UNDERSTAND** if my child damages a bus the parent/guardian will be responsible.
- _____ **I UNDERSTAND** a new rider registration form must be filled out each school year, as well as summer or after school programs.

The above information is true and correct 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 _____