



Office Use Only

Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

Ent By: \_\_\_\_\_

Date: \_\_\_\_\_

Rev by: \_\_\_\_\_

Date: \_\_\_\_\_

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Website: [www.PeoplesTransitHuron.com](http://www.PeoplesTransitHuron.com) Email: [office.peoplestransit@midconetwork.com](mailto:office.peoplestransit@midconetwork.com)

SCHOOL YEAR 2022 thru 2023

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: <b>Mon Tue Wed Thu Fri</b>					Leave unattended? <b>Y / N</b>

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: <b>Mon Tue Wed Thu Fri</b>					Leave unattended? <b>Y / N</b>

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** People’s Transit reserves the right to refuse service.

\_\_\_\_\_ **I UNDERSTAND** rides must 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. Failure to pay no shows will interrupt service.

\_\_\_\_\_ **I UNDERSTAND** that after **three rides** without payment service will be interrupted. Service will resume once payment is received.

\_\_\_\_\_ **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** 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** 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 \_\_\_\_\_