

## COMPLETE BOTH SIDES

| Childs Name:         |   | Date of Birth:   |
|----------------------|---|--|
| School:              |   |  |
| Home Address:        |   |  |
| Home Phone:          |   |  |
| Phone of pick up or  | drop off address (if different than home):    |  |
| Mother or Guardian   | Name:   |  |
|                      | Home:   |  |
|                      | Cell:   |  |
|                      | Work:   |  |
| Father or Guardian N | Name:   |  |
|                      | Home:   |  |
|                      | Cell:   |  |
|                      | Work:   |  |
| Emergency Contact:   |   |  |
| Emergency Contact.   | Phone:  |  |
| Emergency Contact:   | Thone.  |  |
| Emergency contact.   | Phone:  |  |
| I                    |   | , give Seneca Crawford Area Transportation permission to transport |
| mychild,             |   | to ride to and from  |
|                      |   | omAugustto July  |
| Signature and Data   | of Darant:                                    |  |
| Signature and Date   | of facilit.                                   |  |
| •                    | y additional information that the SCAT        | staff should be aware  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
| Best phone number    | to call while transportation is occurring:    |  |
| Descriptione number  | to can winte transportation is eccurring.     |  |
|                      | umber changes, please contact SCAT imm        | ediately. We have to have updated phone numbers in case of         |
| <b>emergency</b>     |   |  |
|                      | , <u>, , , , , , , , , , , , , , , , , , </u> | alltheofficeafterformissentbackandmakeyour                         |
| annan gamanta        |   |  |

\*Please note that you are responsible for payment of transportation unless prior arrangements have been made. If prior

arrangements are not made, transportation can be discontinued.



Welcome back for the 2023-2024 school year. We want to make sure that everyone is familiar with a few of our policies. Please initial beside each policy.

| <u>C</u>      | ancelling  |
|---------------|--|
|               | you are needing to cancel, you can cancel any time of day (our answering machine is on 4/7) up until 1 hour before the scheduled pick up. Anything that is called in less than the 1   |
|               | our before the scheduled pick up, would be considered a no show.   |
|               | 5 Minute Window  |
|               | /e have a 15-minute window to where we may have to adjust the time of your scheduled ick up before or after the time you are scheduled for.  |
| <u>5</u>      | Minute Policy  |
| W             | rom the time that we arrive to the scheduled pick up location, our drivers are allowed to rait 5 minutes for the client to board the vehicle. If the client is not out in that 5 minutes, nen our driver has to proceed on and we have to mark the client a no show. |
| <u>3</u>      | No Shows = Suspension  |
| th            | at any time the client is a no show 3 times throughout any time period, that client will nen automatically be suspended from our service. To then resume service, the client would ave to pay for each no show.  |
| R             | eminder: If your child is a No Show in the morning, they are automatically cancelled on the eturn.   |
|               | <u>ayment</u>  |
| th            | ayment is due when your child boards the bus. If your child does not have money when<br>ney board, they will not be able to ride the bus and you will be responsible for getting them<br>o/from school   |
| It            | chedule Changes is your responsibility to let the SCAT office know when there are schedule changes or makeup days for your child's school  |
|               |  |
|               | ature below, I hereby attest that I have read and understand the information provided to leca Crawford Area Transportation's policies.   |
| Client Name:  |  |
| Parent or Gua | urdian's Signature:  |