

Underage Rider Information Sheet

COMPLETE BOTH SIDES

| Name of Child: | | Date of Birth: | |
|---------------------|-----------------------|---------------------------|--|
| School: | | | |
| Home Address: | | | <u> </u> |
| Home Phone: | | Phone of pick-up or | drop-off address: |
| Mother or Guardia | n: | | _ |
| Contact Numbers: | Home: | | - |
| | Cell: | | - |
| | Work: | | |
| Father or Guardiar | n: | | |
| Contact Numbers: | Home: | | _ |
| | Cell: | | _ |
| | Work: | | |
| Emergency Contac | t: | | |
| | | | |
| Emergency Contac | t: | | |
| Phone: | | | |
| | | | |
| I | | | Area Transit permission to transport my child, |
| from August 2025 | | to fide to and from | |
| Please state any ac | dditional information | that the North Central Ar | ea Transit staff should be aware of: |
| | | | |
| | | | |

- If your phone number changes, please contact our office immediately. Updated numbers are needed in case of emergency.
- This information is not a reservation. It is the parent/guardian's responsibility to call the office after form is completed to make arrangements for transportation.



Underage Rider Information Sheet

Welcome back for the 2025-2026 school year. We want to make sure that everyone is familiar with a few policies. Please initial beside each policy.

| Parent or Gua | rdian's Signature | Date: | |
|----------------|--|--|--------|
| Client Name: _ | | | |
| | ture below, I hereby attest that I have read a Area Transit's policies. | and understand the information provided to me ab | out |
| | | he bus. If your child does not have payment when will be responsible to get them to or from school. | they |
| | Schedule Changes It is your responsibility to let the office keeps for your child's school. | now when there are schedule changes or makeup | days |
| | 15 Minute Window We have a 15-minute window to where window to white window to | we may have to adjust the time of your scheduled uled for. | pick- |
| | | d pick-up location, the drivers are allowed to wait fle. If the client is not out in that five minutes, then marked a no show. | |
| | Reminder: If your child is a no show in the | e morning, the return trip is automatically cancele | d. |
| | | e times throughout any time period, that client wi d from our service. To resume service, the client no | |
| | · | cel any time of day up until one hour before the d in less than the hour before the scheduled pick-u | p, wil |