

2015 Tumble Weed Trail, Spearfish, SD 57783

Dispatch: 605-642-6668; Fax: 605-642-6434

www.prairiehillstransit.com

Self-Funded	
School Funded	



## **YOUTH TRANSPORTATION 2019-20 SIGN UP SHEET**

	CHILD'S IN	<b>IFORMAT</b>	ION (one	fori	n pe	r chile	d)			
Child's Name						Date	of Birth			
Physical Address		Gender						M 🗆 F 🗆		
Instructions for safe transport										
Daycare name & Address (if applicable)				Phone						
School Name				Grade						
Teacher Name					Grade					
		TRIP	REQUES	T						
What days of the wee	ek are trips needed?	Mon	Tues	We	ed	Thur	rs Fri		Will notify dispatch 2 hours in advance	24
Will this trip be one-v	vay or round trip?	On	e Way	Round T			rip		and trip, complete	
First pickup of the da info, say Daycare, Ho	•	S					Start Date			
Where is the drop-off (School, Home, Dayca							d dropped off?  AM D			
Second pickup trip lo home, daycare)	cation (School,						will your choreturn?			
Drop-off location (Ho other—provide detai	•				•			•		
		PARENT	or GUAR	DIAN	١					
Name			Pri	mary	Phone	e				
Mailing Address										
Email										
Work Location			Wo	ork Ph	one					
	ie Hills Transit to provide r cancellations. A \$2.00 j voicemail, or email.		-							is
SIGNED BY PARENT	OR GUARDIAN						DA	ΛTE		
EMERGE	NCY CONTACT if pa	arent or g	uardian	cann	ot be	e rea <u>c</u>	hed (loca	ıl co	ntact)	
Name						tionshi				
Home Phone			Cell I	Phone	9					

## **OFFICE USE ONLY**

OTES:	Include Date, time, and initial