

2015 Tumble Weed Trail, Spearfish, SD 57783

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

www.prairiehillstransit.com

Self-Funded	
School Funded	



YOUTH TRANSPORTATION 2021-22 SIGN UP SHEET

CHILD'S INFORMATION (one form per child)													
Child's Name						Date	of Birth						
Physical Address				Gend	ler	М	F \square						
Instructions for safe transport													
Daycare name & Address (if applicable)								Phone					
School Name		- Grade											
Teacher Name			- Grade										
TRIP REQUEST													
What days of the wee	ek are trips needed?	Mon	Mon Tues Wed		ed	Thur	urs Fri		Will notify dispatch 24 hours in advance				
(mark all that apply)													
Will this trip be one-w	vay or round trip?	One Way			R	ound Tr	ip	If round trip, complete second trip information					
First pickup of the day info, say Daycare, Hor							Start Date						
Where is the drop-off (School, Home, Dayca							ne does your AM AM AM PM						
Second pickup trip loo home, daycare)	cation (School,						will your ch	AM PM					
Drop-off location (Horother—provide detail	•												
		PARENT	or GUAF	RDIAI	V								
Name			Pi	imary	Phone	2							
Mailing Address													
Email													
Work Location		Work Phone											
I agree to allow Prairie Hills Transit to provide transportation for my child. I will notify PHT as soon as possible of any scheduling changes or cancellations. A \$2.00 fee will be charged to parent/guardian if cancellation notice of ONE HOUR is not given by phone, voicemail, or email.													
SIGNED BY PARENT						DATE							
EMERGENCY CONTACT if parent or guardian cannot be reached (local contact)													
Name				Relat	ionshi	р							
Home Phone		Cell	Cell Phone										