



2015 Tumble Weed Trail Spearfish, SD 57783
 Phone 605-642-6668 Fax 605-642-6434
www.prairiehillstransit.org

Self Funded
 School Funded

YOUTH TRANSPORTATION 2016-17 SIGN UP SHEET

Child's Information (one per child)

Name _____ Male Female Date of Birth ___ / ___ / ___
 Physical Address _____
 City _____
 Home Phone _____
 List any special _____
 needs for safe _____
 transport. _____

Parent and/or Guardian Information

1. _____ 2. _____
 Mailing Address _____ Mailing Address _____
 Email _____ Email _____
 Work Location _____ Work Location _____

Phone Numbers

Home: _____ Work _____ Cell _____ Home: _____ Work _____ Cell _____

Emergency Contact if parent or guardian cannot be reached (local contact)

Name _____ Relationship _____
 Address _____ **Phone Numbers:**
 City _____ Home: _____ Work _____ Cell _____

Day Care Information (if applicable)

Name _____ Provider's Name _____
 Address _____ Phone Number _____
 City _____

School Information

Name _____ Teacher's Name _____ Grade _____
 Address _____
 Phone Number _____ Start Time: _____ End Time: _____

Pass Type: 20-Punch ___ Semester ___ Year ___ Trip Type: One way ___ Round Trip ___ Days Per Week _____

Pickup Name & Address	Pickup Name & Address
Drop Off Name & Address	Drop Off Name & Address

I agree to allow Prairie Hills Transit to provide transportation for my child. I will notify Prairie Hills Transit as soon as possible of any scheduling changes or cancellations.

If adequate verbal or electronic cancellation notice of one hour is not given nor a message left on voice mail, e-mail or by using online scheduler, you will be charged a \$2.00 fee.

Signed By Parent or Guardian _____ Date _____

_____ **Initial**

Office Use Only

Change Log:

DATE, TIME

Payment Log:

Date _____ **Amount** _____ **Method:** _____ **Check #** _____

Date _____ **Amount** _____ **Method:** _____ **Check #** _____

Date _____ **Amount** _____ **Method:** _____ **Check #** _____

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