

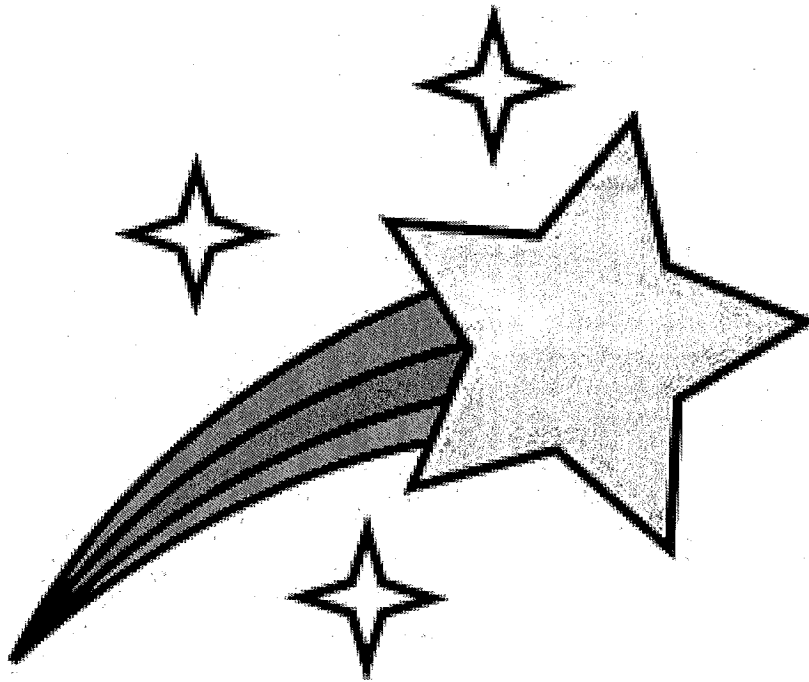
STAR Transportation

"We're Designed with Kids in Mind"

Phone: (253) 244-3433

E-mail: info@startransportation.net

Transportation Registration Packet



"Service that Shoots Beyond the Rest"



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Transportation Request Form

To be filled out by a Parent or Legal Guardian

Students Name _____ Grade _____

School _____

Students Name _____ Grade _____

School _____

Home Address _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

One Way _____ Round Trip _____ Times needed _____ AM _____ PM

Days of Service Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Children are only allowed to be Put on/Picked up from the van by a Parent/Guardian or authorized Adult as specified by the Parent//guardian.

Parent P/O _____ Program P/O _____ Other P/O _____

Name _____ Phone: _____

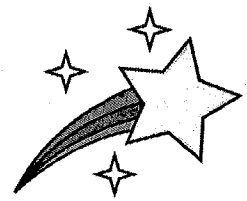
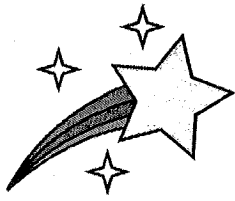
Address _____

Parent D/O _____ Program D/O _____ Other D/O _____

Name _____ Phone: _____

Address _____

Parent/Guardian Signature _____ Date: _____



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Van Service Contract

Payment

	Full Week	Half Week (1-2)
One Way	50.00	30.00
Round Trip	75.00	55.00
20% OFF for each additional Child		

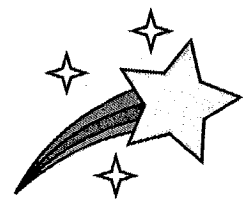
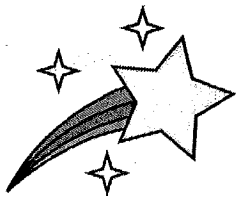
Payments are due on the 4th of each month. If payments are not received by the 9th of the month a 25.00 late fee will be charged. If payment is not received by the 12th of the month service will be discontinued until full payment is received or an arrangement is reached.

Parents will notify the facility of changes in delivery or pick-up times and locations within 48 hours of when the change is to occur. If you fail to contact the facility concerning your child's pick up/drop off location within the stated time frame there will be a \$25.00 charge.

In order to either temporarily discontinue or reinstate the service, parents must send a request in writing at least five days in advance of the effective date.

*All rides will be schedule in 45 minutes slots. Children must be ready at the beginning of their selected time slot. Upon arrival the driver will send a text, give a phone call, and honk once. In order to keep on schedule, we will only have a 3 min waiting time.

Parent/ Guardian Signature _____ Date _____



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Emergency Contact and Medical Information

Child's Name		Date of Birth	M	F
			Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

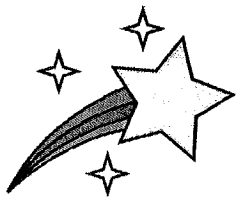
Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

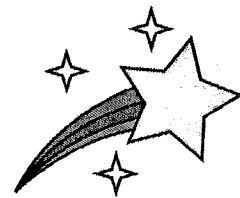
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

X

Date



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Van Service Policy

STAR Transportation will maintain a file of the following:

- A current list of the children transported and methods of taking daily attendance.
- The schedule of the van/vehicle route, including approximate pick up and drop off times.
- The name of each driver and type of license held, and the date of expiration of each license.
- The facility will review the plans periodically with parents so that the children are picked up and dropped off at times consistent with school routines.

VEHICLE LIABILITY INSURANCE

Star Transportation has required vehicle liability insurance with minimums set in the State of Washington.

INFORMATION IN CHILDREN'S RECORDS

The following information will also be required:

1. Written parental authorization to transport the child to and from authorized destinations.
2. Written transportation plan for children, as specified above.
3. Name, address, and telephone number of persons authorized to receive the child if the child is dropped off at other than his own residence.

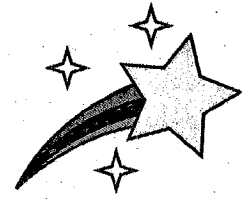
VEHICLE USED for Transport

- The vehicle is licensed and registered in accordance with state laws.
- The vehicle is in safe operation condition and inspected at six-month intervals on forms provided by the department.
- The vehicle is equipped with a first aid kit which meets state status.
- The vehicle is clean, uncluttered, and free of obstructions on the floors, aisles, and seats.
- If the facility charters transportation services, the facility obtains evidence that vehicles used and drivers hired comply with licensing rules.

*Children may not be left unattended in a vehicle.



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RELEASING A CHILD AFTER TRANSPORTING

After transporting a child to his or her destination, an adult shall wait until the child enters the building or is in the custody of an adult designated by the parent, unless otherwise authorized by the parent of the school age child.

EMERGENCY INFORMATION IN VEHICLE

The following emergency information shall be carried in the vehicle for each child transported

- **PARENT CONTACT:** An address and telephone number where a parent or other adult can be reached in an emergency.
- **PHYSICIAN CONTACT:** The name, address and telephone number of the child's physician or medical facility.
- **EMERGENCY MEDICAL CONSENT:** Written consent from the child's parent for emergency medical treatment.

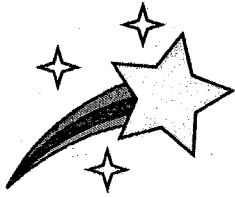
REPORTING VEHICLE ACCIDENTS

The facility administrator shall submit a copy of any accident report to the department within five days of the occurrence of an accident involving a vehicle transporting children.

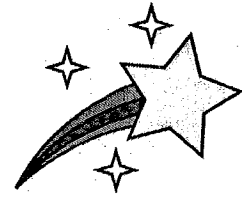
REGULARLY SCHEDULED TRANSPORTATION

When regularly scheduled transportation is provided by the facility, the facility shall maintain the following information in writing at the facility and in each vehicle:

- List of children transported on file
- Route and stops on file
- Authorized person to receive child on file
- Procedure if no one home to receive child on file
- Procedure for children with disabilities



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CAR SAFETY SEATS

CHILDREN AGE 2 TO 4 OR 20 TO 40LBS

Each child who is at least 2 year of age but less than 4 years of age or who weighs at least 20 pounds but less than 40 pounds shall be properly restrained in a forward- facing individual child car safety seat when being transported in a vehicle.

BOOSTER SEAT RESTRAINTS- CHILD AGE 4 TO 8 OR UNDER 80LBS OR 4'9"

Each child who is at least 4 years of age but less than 8 years, weighing not more than 80 pounds or taller than 4 feet 9 inches shall be properly restrained in a shoulder – positioning child booster seat when being transported in a vehicle. Booster seats will be provided for children beginning at age 4 or over 40 pounds.

SEAT BELT USE

Each child who is not required to be transported in an individual child car safety seat or booster seat when being transported in a vehicle shall be properly restrained by a seat belt. Each adult in the vehicle shall be properly restrained by a seat belt. Seat belts may not be shared.

Parent/Guardian Print Name _____ Date _____

Parent/Guardian Signature _____