



[www.smartridets.com](http://www.smartridets.com) | [smartridets@att.net](mailto:smartridets@att.net) | 789-349-3109

## **SmartRide Student Registration Form**

### **◆ STUDENT INFORMATION**

**1. Student's Full Name:** \_\_\_\_\_

**2. Date of Birth:** \_\_ / \_\_ / \_\_

**3. Age:** \_\_\_\_\_

**4. Pick up Address:** \_\_\_\_\_  
\_\_\_\_\_

**5. Name of Community & Gate Code Instructions if needed:**  
\_\_\_\_\_

### **◆ PARENT/GUARDIAN INFORMATION**

**1. Parent/Guardian Name:** \_\_\_\_\_

**2. Relationship to Student:** \_\_\_\_\_

**3. Primary Phone Number:** \_\_\_\_\_

**4. Alternate Phone Number:** \_\_\_\_\_

**5. Email Address:** \_\_\_\_\_

 **SCHOOL DROP-OFF INFORMATION**

**1. Grade Level:** \_\_\_\_\_

**2. School Name:** \_\_\_\_\_

**3. School Address:** \_\_\_\_\_  
\_\_\_\_\_

**4. After School Drop Off Address -- if needed.  
(Required only if different from home address):**

\_\_\_\_\_  
\_\_\_\_\_

**5. Transportation Service Requested (Check all that apply):**

- Morning Drop-off to School**
- Afternoon Pick-up from School**
- Round Trip (Both AM & PM)**

 **SCHEDULE & AVAILABILITY**

**1. School Start Time:** \_\_\_\_\_ AM

**2. School Dismissal Time:** \_\_\_\_\_ PM

**3. Does your child attend an after-school program?**

- Yes
- No

**If yes, please provide days transport is needed.**

- Mon
- Tues
- Wed
- Thur
- Fri

**\*Student will need to wait for pickup after all drop offs are completed**

## **EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN)**

**1. Full Name:** \_\_\_\_\_

**2. Phone Number:** \_\_\_\_\_

**3. Relationship to Student:** \_\_\_\_\_

## **MEDICAL OR SPECIAL NEEDS INFORMATION**

**Please list any allergies, medical conditions, or special accommodations we should be aware of:**

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## **BILLING INFORMATION**

**1. Name on Payment Account:** \_\_\_\_\_

**2. Preferred Payment Method:**

- Cash**
- Zelle**
- Credit/Debit Card**
- Other:** \_\_\_\_\_

**3. Payment Frequency (All payments must be made in advance):**

- Weekly – Payment due prior to the start of each week**
- Biweekly – Payment due prior to the start of each 2-week period**
- Monthly – Payment due prior to the start of each month**

**4. Are you applying for a sibling discount?  Yes  No**

**If yes, list full names of additional children:**

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**TERMS, AGREEMENT & CONSENT**

**By signing this form, I confirm that all information provided is accurate and up to date. I understand that transportation fees must be paid in advance according to the selected payment frequency. I also agree to abide by all policies, including punctuality, safety guidelines, and communication with SmartRide Transportation Services.**

**I authorize SmartRide Transportation Services to transport my child between designated pickup and drop-off locations. I understand that all drivers are background-checked, vehicles are insured, and every effort is made to ensure my child's safety.**

**I give permission for SmartRide Transportation Services to use photos/videos of my child for promotional or communication purposes.  Yes  No**

**All personal information collected will be used solely for transportation purposes and will not be shared without consent.**

**Print Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_ / \_\_ / \_\_

**\*\* Please return this form via email to [smartridets@att.net](mailto:smartridets@att.net)**

 **OFFICE USE ONLY**

**Start Date:** \_\_ / \_\_ / \_\_

**Assigned Driver:** \_\_\_\_\_

**Route Number:** \_\_\_\_\_

**Weekly Rate:** \$ \_\_\_\_\_

**Notes:** \_\_\_\_\_