



NORTH CENTRAL
AREA TRANSIT

Underage Rider Information Sheet

COMPLETE BOTH SIDES

Name of Child: _____ Date of Birth: _____

School: _____

Home Address: _____

Home Phone: _____ Phone of pick-up or drop-off address: _____

Mother or Guardian: _____

Contact Numbers: Home: _____

Cell: _____

Work: _____

Father or Guardian: _____

Contact Numbers: Home: _____

Cell: _____

Work: _____

Emergency Contact: _____

Phone: _____

Emergency Contact: _____

Phone: _____

I _____, give North Central Area Transit permission to transport my child,
_____ to ride to and from _____
from August 2026 to July 2027.

Please state any additional information that the North Central Area Transit staff should be aware of:

- If your phone number changes, please contact our office immediately. Updated numbers are needed in case of emergency.
- This information is not a reservation. It is the parent/guardian's responsibility to call the office after form is completed to make arrangements for transportation.



Underage Rider Information Sheet

Welcome back for the 2026-2027 school year. We want to make sure that everyone is familiar with a few policies. Please initial beside each policy.

_____ **Cancelling**

If you are needing to cancel, you can cancel any time of day up until one hour before the scheduled pick-up. Anything that is called in less than the hour before the scheduled pick-up, will be considered a no show.

_____ **3 No Shows = Suspension**

If at any time the client is a no show three times throughout any time period, that client will then be automatically canceled and suspended from our service. To resume service, the client needs to pay for each no show.

Reminder: If your child is a no show in the morning, the return trip is automatically canceled.

_____ **5 Minute Policy**

From the time we arrive to the scheduled pick-up location, the drivers are allowed to wait five minutes for the client to board the vehicle. If the client is not out in that five minutes, then the driver has to proceed on and the client is marked a no show.

_____ **15 Minute Window**

We have a 15-minute window to where we may have to adjust the time of your scheduled pick-up before or after the time you're scheduled for.

_____ **Schedule Changes**

It is your responsibility to let the office know when there are schedule changes or makeup days for your child's school.

_____ **Payment**

Payment is due when your child boards the bus. If your child does not have payment when they board, they will not be transported. You will be responsible to get them to or from school.

With my signature below, I hereby attest that I have read and understand the information provided to me about North Central Area Transit's policies.

Client Name: _____

Parent or Guardian's Signature: _____ **Date:** _____