

Inspiring Scholars Tutoring & Transportation

2345 Pope Rd
Douglasville Ga. 30135
(678) 561-7458

Contract Transportation Agreement

Contract Agreement is between: _____

And

Inspiring Scholars Academy LLC, 2345 Pope Rd Douglasville, GA 30135

_____ is an agreement from Date

Are responsible to pay a total of _____ **weekly** with an annual registration fee of **\$75.00**

To transport my child:

Pick UP Location:

Drop Off Location

Inspiring Scholars will transport your children along with other school aged children.

(Initial)

_____ I agree to notify Inspiring Scholars in advance of any scheduled absences or requested v
schedule changes.

_____ Payment is required even if your child doesn't attend school. Credit will only be given if
school is closed for three (3) days or more.

_____ Your child must be ready at the scheduled pick-up time. Your child has two (2) minutes to
enter the vehicle before being considered a "No Show."

_____ You are free to pay early. However, all payments are due Friday before service is
rendered. If payment is not made service will be discontinued and you will be responsible to pay
the past due and two week payment for two week notice.

_____ Rude and unruly behavior will NOT be tolerated. Your child riding privileges may be
discontinued.

immediately for disruptive behavior. No refunds will be given for unruly behavior.

_____ A minimum of two (2) weeks' notice must be given prior to discontinuing service.

EMERGENCY CONTACT INFORMATION

(Person to contact in the event that either parent/guardian cannot be contacted)

NAME: DAY TIME PHONE: ()

DAY TIME ADDRESS:

CITY: STATE: ZIP:

This agreement is a legal bonding contract between the two parties listed below. If for any reason either party wants to discontinue service a two week notice in writing must be given.

In agreement

Print Name _____ **Date** _____ .

Signature _____ **Date** _____ .

And

Print Name _____ **Date** _____ .

Signature _____ **Date** _____ .

Vehicle Emergency Medical Information

CHILD'S NAME: _____ **DATE OF BIRTH** _____.

MOTHER'S NAME: _____ **PHONE.** _____

FATHER'S NAME: _____ **PHONE** _____.

ADDRESS:CITY: STATE: ZIP. _____

Person to notify in an emergency and parent can't be reached:

NAME _____ **PHONE** _____.

CHILD'S DOCTOR _____ **PHONE** _____.

Medical facility the center uses **WellStar Douglas Hospital**

Current prescribed medication _____.

Child's special needs and conditions _____.

In the event of an emergency involving my child and CODI Educational Services cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred the treatment of my child.

CHILD'S NAME _____.

SIGNATURE (PARENT/ GUARDIAN) _____.