



**INSPIRING SCHOLARS**

13671 Veterans Memorial Hwy  
Winston, GA 30187  
678-561-7458  
info@inspiringscholars.com

**2025-2026 Transportation Agreement**  
**Annual Registration \$100 per child**

Contract agreements are between **Inspiring Scholars Academy**

**and**

\_\_\_\_\_

agrees to allow Inspiring Scholars Academy to provide transportation service for the following child/children. I understand that the child will be transported with other students in grades K- 12.

**Child's Name**

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

**School Child Attends**

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

**DAYS: M T W T H F**

**ROUND TRIP: Y OR N**

**IF NO: AM OR PM**

**PARENT/GUARDIAN INFORMATION**

**PARENT/GUARDIAN**

**NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Read and initial that you're in agreement with this contract.

\_\_\_\_\_ Your child must be ready at the scheduled pick-up time. Once the driver arrives your client has two (2) minutes to enter the vehicle before being considered a “**No Show**”. For each “**No Show**” you will be assessed a \$20.00 service fee.

\_\_\_\_\_ Rude and unruly behavior will NOT be tolerated. Riding privileges may be discontinued for disruptive behavior. No refunds will be given for unruly behavior.

\_\_\_\_\_ I agree to notify Inspiring Scholars Academy in advance of any scheduled absences or requested schedule changes.

\_\_\_\_\_ I understand Inspiring Scholars Academy will charge a \$36 fee for returned checks.

\_\_\_\_\_ I understand payments are due Fridays before service and we will not pick up on Mondays until full payment is made.

\_\_\_\_\_ \$25 late fee if payment isn't made by 7 pm Mondays. (Exclude auto pay)

\_\_\_\_\_ Inspiring Scholars Academy **Does Not Accept Cash**

\_\_\_\_\_ A minimum of (2) two week notice in writing is required for withdrawing

\_\_\_\_\_ Tuition is not prorated and full payment is due whether your child rides or not. No credit/reimbursement is given for child illness, children with behavior issues, or closings due to emergency situations or inclement weather.

\_\_\_\_\_ Delinquent accounts sent to collections will be charged a 30% collection fee in addition to the remaining balance.

\_\_\_\_\_ **Please be advised you must provide your driver's license and fill out a Tuition Express form to keep on file. Tuition Express** I understand and agree that any outstanding balance that is owed at the time of ending services will be deducted automatically from the information given on the Tuition Express form.

**EMERGENCY CONTACT INFORMATION**

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

NAME:

PHONE: (       )

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

I AUTHORIZE INSPIRING SCHOLARS ACADEMY TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD WHEN I'M NOT AVAILABLE AND I WILL NOT HOLD INSPIRING SCHOLARS RESPONSIBLE FOR ANY/ ALL MEDICAL BILLS OR TRANSPORTATION FEES.

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PARENT/ GUARDIAN SIGNATURE

DATE

## Vehicle Emergency Medical Information

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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

Current prescribed medication \_\_\_\_\_

**In the event of an emergency involving my child and emergency contact can't be reached. I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred for the treatment of my child. AND I WILL NOT HOLD INSPIRING SCHOLARS RESPONSIBLE FOR ANY/ ALL MEDICAL BILLS OR TRANSPORTATION FEES.**

SIGNATURE (Parent/Guardian) \_\_\_\_\_ DATE \_\_\_\_\_



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ ☐ to initiate credit card charges to the below referenced credit card account (Section A) OR, ☐ initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### SECTION A

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)	Account Number (see sample below)		

#### For Official Use Only

Date Received

Employee Signature

John Sample  
Mary Sample  
123 Nice Street  
Anytown, USA

BANK OF THE WEST  
555-555-5555

00226

Pay to the order of: **Attach Voided Check Here** \$

Deposit slips not accepted Dollars

123456789 1800338 0226

A service of



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