

Inspiring Transportation Services 2026-2027 Transportation Agreement

2929 Old Post Rd Unit 193
Winston, GA 30187

Registration \$100 per child

CONTRACT AGREEMENT

BETWEEN INSPIRING TRANSPORTATION SERVICES (ITS) AND

WHO AGREES TO ALLOW INSPIRING TRANSPORTATION SERVICES (ITS) TO PROVIDE TRANSPORTATION SERVICES FOR THE FOLLOWING CHILD/CHILDREN. I UNDERSTAND THAT MY CHILD WILL BE TRANSPORTED WITH OTHER STUDENTS.

Child's Name	Child's School

DAYS: M T W TH F

ROUND TRIP: Y OR N

IF NO: AM OR PM

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____

CELLPHONE _____

WORK NUMBER _____

EMPLOYER'S NAME _____

EMAIL ADDRESS _____

HOME 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 child 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.

_____ Failure to notify ITS of any schedule changes in advance will result in a \$20 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 understand Inspiring Transportation Services will charge a \$36 fee for returned payment.

_____ I understand payments are due Fridays before service or 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 Transportation Services is cashless.

_____ A minimum of two (2) week notice in writing is required for discontinuing services

_____ Tuition is not prorated and full payment is due whether your child rides or not. No credit/reimbursement is given for child illness, 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 that changes will be communicated via Class Dojo

_____, _____ is authorized to receive my child.
Name of Authorized Person Name of Authorized Person

In the event an authorized person is not present to receive my child, the following procedures are to be followed:

EMERGENCY CONTACT INFORMATION

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

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

Vehicle Emergency Medical Information

CHILD'S NAME _____ DATE OF BIRTH ___/___ CHILD'S SCHOOL _____

CHILD'S NAME _____ DATE OF BIRTH ___/___ CHILD'S SCHOOL _____

CHILD'S NAME _____ DATE OF BIRTH ___/___ CHILD'S SCHOOL _____

PARENT/GUARDIAN: _____ PHONE _____

WORK NUMBER _____ EMPLOYER NAME _____

PARENT/GUARDIAN: _____ PHONE _____

WORK NUMBER _____ EMPLOYER NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____

PERSON TO NOTIFY IN AN EMERGENCY: PARENT CAN'T BE REACHED

NAME _____ PHONE _____

NAME _____ PHONE _____

MEDICAL FACILITY CENTER USES: WELLSTAR DOUGLAS HOSPITAL

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:

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

CHILD'S NAME _____ MEDICATION: _____

MEDICAL CONDITION _____

I AUTHORIZE INSPIRING TRANSPORTATION SERVICES (ITS) TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD IN THE EVENT OF AN EMERGENCY WHEN I OR MY EMERGENCY CONTACT CANNOT BE REACHED. I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL TREATMENT AND AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED FOR THE TREATMENT OF MY CHILD. I FURTHER AGREE THAT I WILL NOT HOLD INSPIRING TRANSPORTATION SERVICES (ITS) RESPONSIBLE FOR ANY/ALL MEDICAL BILLS OR TRANSPORTATION FEES.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARENT COPY

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