

RUSH HOUR KIDS TRANSPORTATION APPLICATION

Child's First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Cell: _____ Work: _____

Mother's Name: _____ Cell: _____ Work: _____

EMERGENCY CONTACTS

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

If we are transporting your child or children to and from school, please complete the section below.

School Name: _____ School Phone: _____

Grade: _____ Teacher's Name: _____

Parent's Signature: _____ Date: _____

PLEASE INITIAL ALL AREAS: CHILD'S NAME: _____