



# Cavalier County Transit

## 2017-2018 Emergency Contact Form (K-12)

**No child will be transported unless this form is on file at CCT.**

### Child's Information

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Pickup Address: \_\_\_\_\_ Drop Off Address: \_\_\_\_\_

Special Needs (Medical or Other): \_\_\_\_\_ Sex: M F

**School:** (Circle One) Langdon Elementary Langdon High School St Alphonus

Time: AM PM Both Days of Week: (Circle One) M T W TH F As Needed

Class Start Date/Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Class End Date/Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Mom's Information

Mom's Name: \_\_\_\_\_

Mom's Employer: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Email: \_\_\_\_\_

Child's Home Address \_\_\_\_\_

(Street Address)

Emergency Contact: \_\_\_\_\_

School Contact: (If applicable) \_\_\_\_\_

*\*Rides must be paid for with tickets, check, or cash. If your child does not have proper bus fare they will not be able to ride the bus! There will be no exceptions.*

*CCT will cancel transportation after 3 consecutive "No Shows."*

### Dad's Information

Dad's Name: \_\_\_\_\_

Dad's Employer: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_

Phone: (C) \_\_\_\_\_

Email: \_\_\_\_\_

(City) (State) (Zip)

Emergency Phone: \_\_\_\_\_

School Phone: \_\_\_\_\_

*\*Tickets may be purchased at the Cavalier County Transit office (211 8<sup>th</sup> Ave).*

**I have read and agree to all terms of this agreement.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date entered: \_\_\_\_\_ Dispatch Initials: \_\_\_\_\_

Revised: Aug-15