

**NASSAU KIDS TRANSPORTATION LLC APPLICATION**

**(516) 778-1552**

**www.nassaukidstransportation.com**

**NKTS2015@hotmail.com**

Start Date: \_\_\_\_\_

Cost: \_\_\_\_\_

Driver Assigned: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's School: \_\_\_\_\_

Child's Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_

School Address: \_\_\_\_\_

Pick up location: \_\_\_\_\_ Drop off Location: \_\_\_\_\_

*(For office use only. Please leave boxes blank.)*

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Special Needs/ Comments: \_\_\_\_\_

**I do hereby allow Nassau Kids Transportation to pick up my child from the school listed above.**

\_\_\_\_\_  
**Parent/ Guardian Signature**

*Service is not responsible for cuts & bruises unless caused by accident by service.*

*Student must be seated at all times. Limited Liability for minor situations.*