

NASSAU KIDS TRANSPORTATION SERVICE APPLICATION

516-778-1552

www.nassaukidstrans.com

NKTS2015@hotmail.com

Start Date: _____

Cost: _____

Driver Assigned: _____

Child's Name: _____

Child's School: _____

Child's Class/Teacher: _____

Home Address: _____

School Address: _____

Pick Up Location: _____ Drop Off Location: _____

Monday

Tuesday

Wednesday

Thursday

Friday

School Start Time: _____

School End Time: _____

Parent's Name: _____

Phone Number: _____

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.