



Brookings Area Transit Authority

418 Western Ave., Brookings, SD 57006

PH: 692-2222---Dispatch / 692-5416---Office / e-mail: BATA@brookingsareatransit.com

Parent Authorization form - No child will be transported unless this form is on file at BATA.

Child's Information: (One child per form, please.)

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

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

Special Needs (Medical or Other): \_\_\_\_\_

Pickup Address: \_\_\_\_\_ Time: \_\_\_\_\_

Drop Off: \_\_\_\_\_ Return trip needed? Y / N Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ Days of Week: M T W TH F Other: \_\_\_\_\_

Time (preschool only): \_\_\_\_\_

*\*Please have child ready to go to school at 7:30am.*

*\*BATA buses will arrive at the schools @3:30 & depart at 3:35 for after-school rides.*

**\*Rides must be paid for with tokens. Tokens may be purchased from any driver, or at any First Bank and Trust locations. If you child does not have a token for their ride a notice will be sent home to parents, after the third day of no tokens a driver may refuse the child's ride.**

**Parent Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Please indicate Mother, Father, Other)

Emergency Contact: \_\_\_\_\_ Day Care Contact: \_\_\_\_\_

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

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

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

Revised: Apr-11