

Lisa's Shuttle, LLC

Enrollment Form

Child's Name _____ DOB _____

Child's Address _____

School Attending _____ Grade _____

*Parent Name _____ Contact # _____

*Parent Name _____ Contact # _____

*Email Address _____

Morning transportation needed:

Pick-Up (Address) _____

Drop-Off (School Name) _____

Afternoon transportation needed:

Pick-Up (School Name) _____

Drop-Off (Address) _____

Insurance and medical release:

Lisa's Shuttle, LLC is commercially insured. The PIP will cover up to \$2500.00 per child in the event of any accident or injury. I, parent/legal guardian, will not hold Lisa's Shuttle, LLC responsible for any amount that exceeds the said PIP coverage in the event of an accident or injury to my child listed above.

I authorize Lisa's Shuttle, LLC to obtain any medical attention my child may need in my absence.

Parent's Signature _____ Date _____