



**INSPIRING SCHOLARS**

13671 Veterans Memorial Hwy  
Winston, GA 30187  
678-561-7458  
info@inspiringscholars.com

## 2024-2025 Transportation Agreement

Contract agreements are between **Inspiring Scholars Academy**

and

\_\_\_\_\_

agrees to allow Inspiring Scholars Academy to provide transportation service for the following child/children. I understand that the child will be transported with other students in grades K- 12.

**Child's Name**

**School Child Attends**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WEEKLY: M T W TH FR

ROUND TRIP: Y OR N

**PARENT/GUARDIAN INFORMATION**

**PARENT/GUARDIAN**

**NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Read and initial that you're in agreement with this contract.

\_\_\_\_\_ Your child must be ready at the scheduled pick-up time. Once the driver arrives your client has two (2) minutes to enter the vehicle before being considered a “No Show”. For each “No Show” you will be assessed a \$20.00 service fee.

\_\_\_\_\_ Rude and unruly behavior will NOT be tolerated. Riding privileges may be discontinued for disruptive behavior. No refunds will be given for unruly behavior.

\_\_\_\_\_ I agree to notify Inspiring Scholars Academy in advance of any scheduled absences or requested schedule changes. I understand Inspiring Scholars Academy is responsible for my child from the time of pick-up until they leave their charge.

\_\_\_ I understand Inspiring Scholars Academy will charge a \$36 fee for returned checks.

\_\_\_ Inspiring Scholars Academy **Does Not Accept Cash**

\_\_\_ I understand payments are due on Fridays for the following week of care. Payments are due before services are rendered.

\_\_\_ A minimum of (2) two week notice in writing is required for withdrawing

\_\_\_ Tuition is not prorated and full payment is due whether your child rides or not. No credit/reimbursement is given for child illness, children with behavior issues, or closings due to emergency situations or inclement weather.

\_\_\_ Delinquent accounts sent to collections will be charged a 30% collection fee in addition to the remaining balance.

\_\_\_ **Please be advised you must provide your driver's license and fill out a Tuition Express form to keep on file. Tuition Express** I understand and agree that any outstanding balance that is owed at the time of ending services will be deducted automatically from the information given on the Tuition Express form.

**EMERGENCY CONTACT INFORMATION**

**(Person to contact in the event that either parent/guardian cannot be contacted)**

NAME:

PHONE: (       )

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

I AUTHORIZE INSPIRING SCHOLARS ACADEMY TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD WHEN I'M NOT AVAILABLE AND I WILL NOT HOLD INSPIRING SCHOLARS RESPONSIBLE FOR ANY/ ALL MEDICAL BILLS OR TRANSPORTATION FEES.

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PARENT/ GUARDIAN SIGNATURE

DATE

## Vehicle Emergency Medical Information

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Person to notify in an emergency parent can't be reached

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Medical facility the center: **WellStar Douglas Hospital**

Current prescribed medication \_\_\_\_\_

**In the event of an emergency involving my child and emergency contact can't be reached. I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred for the treatment of my child. AND I WILL NOT HOLD INSPIRING SCHOLARS RESPONSIBLE FOR ANY/ ALL MEDICAL BILLS OR TRANSPORTATION FEES.**

SIGNATURE (Parent/Guardian) \_\_\_\_\_ DATE \_\_\_\_\_