

Registration Form



All cancellations must be notified 30 days before
Registration Fee: \$75.00 per student*

P.O. Box 140682
Orlando, FL 32814-0682
Tel. (407) 485-0473
Fax (407) 286-0301
www.mayascarpool.com
maya@mayascarpool.com

Student Information

Complete Name: _____
Date of birth : ____ / ____ / ____ Age: _____ Sex: M / F
School attending: _____ Grade: _____
Students Cell #: _____

Parents Information

Parents Names: _____
Email: _____
Address where student will be picked up: _____
Address where student will be dropped off: _____
Home Phone #: ____ - ____ - ____ Cell Phone #: ____ - ____ - ____
Work Phone #: ____ - ____ - ____ Emergency Contact #: ____ - ____ - ____
Emergency Contact Name: _____

Service Options: (Please Select One)

- Round Trip One Way AM One Way PM

Notes:

Payment Options: (Please check one)

- Monthly Payment Semester Payment Annual Payment

Parent's Signature* Date: _____

**By signing this registration form I agree in using Maya's Carpool transportation services under the terms and conditions mentioned.

* Send Fee along with registration and check made payable to: Maya's Carpool to the address above.