

# Registration Form

# Maya's Carpool

Student Transportation, Inc

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

Registration Fee:  
\$75.00 per student\*

## 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

Date: \_\_\_\_\_

Parent's Signature\*

\*\*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.