

**T.G.T. Inc.  
18 Hunter Drive  
Ajax, Ontario  
L1T 3M9**

**Terms of Agreement**

**I AGREE TO THE FOLLOWING TERMS AND CONDITIONS**

- Post-dated cheques dated for the first of each month to be provided with completed registration.
- Payments other than post-dated cheques are to be received in a sealed envelope with the child's full name on it. These arrangements must be made in advance.
- Parents must contact Judy Tully at 905-428-9208 if child leaves school early due to illness or any other reason.
- No open food or drink is permitted on the bus at any time.
- We reserve the right to cancel or suspend service without notice or refund for defacing and destruction of property, and or for mischievous or disruptive conduct.
- We require notification by telephone before 7:00am if bussing is not required that day.
- There will be a **\$25.00** service charge for any returned cheques.
- In case of poor weather conditions or if **area school buses are cancelled.** Please contact the office 905-428-9208 for any changes or cancellations. **This is your responsibility as T.G.T. Inc. does not call our parents.**
- 30 days written notice is required for cancellation of service for any reason.
- Parents/Guardian or caregivers are asked to clearly show the bus driver that you are the child's destination. (Please wave to your driver).
- Payment is still due even if your child/children does not use the bus service due to illness, school holidays, professional activity day, poor weather or for any other absences.
- Schools don't always tell us about school activities or trips that may involve changed school times. Please give us written notice and if possible we will try to accommodate you.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Bus: 905-428-9208 Fax: 905-428-3060**

**[j.tully@hotmail.com](mailto:j.tully@hotmail.com)**

**[www.tgtschoolbus.com](http://www.tgtschoolbus.com)**

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**REGISTRATION FORM**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Home Phone number \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of person making payments if last name is different than child's \_\_\_\_\_

Pick up address: \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_

Drop off address: \_\_\_\_\_ Name \_\_\_\_\_ Phone: \_\_\_\_\_

Name of school child will attend: \_\_\_\_\_ Grade \_\_\_\_\_

Times bus required Am \_\_\_\_\_ Pm \_\_\_\_\_ JK/SK Am in \_\_\_\_\_ Morning out \_\_\_\_\_ afternoon In \_\_\_\_\_ PM out \_\_\_\_\_

Where parent/guardian do not know whether morning or afternoon class, please contact us when information is made available

Day's bus service required: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Start date for bussing Month \_\_\_ Day \_\_\_

**MEDICAL INFORMATION (IF NECESSARY ATTACH ADDITIONAL SHEET)**

Does the student have any history of allergic reaction? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please explain: \_\_\_\_\_

\_\_\_\_\_ Does the student carry an Epi-Pen Yes \_\_\_\_\_ No \_\_\_\_\_

Will the student require medication to be brought to the school Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain (name and dosage) \_\_\_\_\_

Does the student have any medical illness or injury or suffer from any of the following:

Diabetes Yes \_\_\_\_\_ No \_\_\_\_\_ Asthma Yes \_\_\_\_\_ No \_\_\_\_\_ Vision difficulty Yes \_\_\_\_\_ No \_\_\_\_\_

Heart disease Yes \_\_\_\_\_ No \_\_\_\_\_ Epilepsy / Seizures Yes \_\_\_\_\_ No \_\_\_\_\_ Deafness Yes \_\_\_\_\_ No \_\_\_\_\_

Language / Communication difficulty Yes \_\_\_\_\_ No \_\_\_\_\_ Emotional/Behavioral problems Yes \_\_\_\_\_ No \_\_\_\_\_

Other please explain: \_\_\_\_\_

In case of emergency, permission is hereby given to the T.G.T. Inc to release the above information to a medical practitioner. The student is to be taken to the nearest hospital for examination and if necessary, X-rays were the parent/guardian will be contacted.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_