



Scholar Transport Sign-Up & Indemnity Form

1) Parent/Guardian Details

- Full Name: _____
- ID/Passport No.: _____
- Mobile Number: _____
- Email: _____
- Residential Address: _____
- Emergency Contact (Name & Number): _____

2) Learner Details

- Learner Full Name: _____
- Grade (2025/2026): _____
- Home Address (Pick-up): _____
- Drop-off Address: _____
- Medical Conditions/Allergies (if any): _____

3) Service Selection & Schedule

- Please tick: Morning Pick-up Afternoon Drop-off Both
- Days required: Mon Tue Wed Thu Fri
- Pick-up Time Window: _____
- Drop-off Time Window: _____
- Nearest Route/Hub (if applicable): _____

4) Fees & Payment

- Monthly Transport Fee: R _____
- Start Month: _____ 202__
- Registration Fee (once-off): R _____

- Payment Option: Debit Order EFT Swipe at School

Note: If Debit Order is selected, a separate mandate form must be completed.

5) Operational Rules (Parent/Guardian to acknowledge)

1. Learner must be ready at the agreed pick-up point within the agreed time window.
2. Parent/guardian ensures adult presence at drop-off point (where required).
3. Driver waits a maximum of 3 minutes at pick-up/drop-off stops to maintain route timing.
4. Any route/day change must be requested in writing (SMS/WhatsApp/email) at least 24 hours in advance.
5. Seatbelts must be worn at all times; no standing, shouting, or disruptive behaviour in the vehicle.
6. Transport services may be suspended for non-payment or serious misconduct (after notification).

6) Terms, Conditions & Indemnity

By signing this form, I acknowledge and agree that:

- a) I am the parent/legal guardian of the learner named above and request scholar transport services.
- b) The transport provider may subcontract vetted drivers/providers; routes/times may be adjusted for safety and efficiency.
- c) I will pay all transport fees when due; if fees fall into arrears, service may be suspended until payment arrangements are confirmed.
- d) I will ensure my child complies with safety rules, including wearing a seatbelt and following driver instructions.
- e) I authorise the provider/driver to obtain urgent medical assistance for my child if necessary. I accept responsibility for any related costs not covered by my medical aid.
- f) **Indemnity:** While reasonable care will be taken, I indemnify and hold harmless the provider, its employees, agents and drivers against claims arising from loss, damage, injury or death, except where caused by gross negligence or willful misconduct.
- g) I will promptly update the provider about any changes to addresses, contact details, or medical information relevant to transport.
- h) Cancellation requires 30 days' written notice. Refunds (if any) are at the provider's discretion based on usage and costs incurred.

7) POPIA Consent

I consent to the processing of my and my child's personal information for transport scheduling, billing, and safety, in accordance with applicable data-protection laws.

8) Signatures

Parent/Guardian Name: _____

Signature: _____ Date: ___ / ___ / 20__

Place: _____

School Representative (Name & Title): _____

Signature: _____ Date: ___ / ___ / 20__

Application Checklist (attach)

- Copy of Parent/Guardian ID
- Proof of address
- Learner ID/Birth certificate
- Medical notes/doctor letters (if applicable)
- Proof of payment (registration fee)
- Debit order mandate (if applicable)

Office Use Only

Route: _____ | Stop Code: _____ | Start Date: _____

Approved by: _____ | Date: ___ / ___ / 20__