



Shuttles & Transfers

The Real Choice

ADISMART (PTY) Ltd
Unit 65 Block 2
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Riverside View, Midrand
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info@misskayshuttles.co.za



Transport application form - 2020

Personal Information (complete one form per child)

Date to commence service		
Date to end service (Ad hoc)		
Full Name of child		
Date of birth		
Parent information	Mother / Guardian	Father / Guardian
Surname		
First names		
ID numbers		
SIGNATURE*:		
Employer name and Address		
Tel: Home		
Tel: Work		
Cell phone number		
Email address		
Residential address		
Next of Kin name:		Contact number:
School Name and contact number:		
Grade:		Teacher:
What time(s) do you require collection from school?		
Mon:	Tues:	Wed:
Thurs:	Fri:	Other:
Medical details		
Does your child suffer from allergies?	Yes / No	Details:
Is your child on medication?	Yes / No	Details:

Please indicate below according to your transport requirements:

One Way Single Child	Two way Single child	One way Siblings	Two way siblings
<input type="checkbox"/> One Way Transport (Collect and drop) Morning/Afternoon R750.00 per month	<input type="checkbox"/> Two way Single Child Collect and drop R1045.00 Per month.	<input type="checkbox"/> One way siblings transport (collect and drop) R1073 month First child R715.00 Second child R358 Morning/afternoon	<input type="checkbox"/> Two way transport (collect and drop) R1568.00 Per month. First child pays 1045,00 and the second child pays R525.00

NB: Monthly payments in advance
And into Adismart (Pty) Ltd account number
One full month calendar notice for withdrawal.

Areas covered

Vorna Valley		
Kyalami Hills		
Kyalami Estate		
Kyalami Terrace		
Barbeque Downs Estate		
Halfway Gardens		
Hill of Good Hope		
Carlswald North Estate		
Summerset		
Montecello		
Carlswald Meadows		
Carlswald View		
Crescent Wood country Estate		
Summerset		
Savanna Hills Estate		
Blue Valley Estate		
Country View		

Terms and Conditions

- Transport fees are payable monthly, per term or annually in advance.
- Fees are calculated over 12 months
- Annual transport increases are levied in the beginning of each year
- One paid calendar month's written notice of removal of the child from the transport service shall be given by the applicant Notice can be emailed to info@misskayshuttles.co.za or hand to the bus assistant/ to the driver.
- The bus will only be provided if the pick-up address falls within the areas as indicated by our transport department.
- The transport service is considered private transport and is indemnified from claims arising from injury or other as a result of using the transport service.
- Late payments received after the 3rd of the month will be charged a late payment fee / interest;
- Shall be entitled, without prejudice and in addition to any other rights, to suspend the child from the transport
- Usage until all amounts due is brought up to date;
- Should MissKay need to instruct its Attorneys to collect any overdue amounts, or to take any action against the applicant in the implementation or protection of MissKay's rights
- MissKay shall be entitled to recover all legal costs arising there from, including collection commission on the scale as between Attorneys and own client including tracing agents charges.

Rules that children needs to follow in the in the bus

1. Stay buckled up at all times (no-one is to take their seat belts off)
2. No swearing
3. No bullying
4. No jumping or standing in the bus
5. No shouting or making loud noises
6. No distracting the driver while driving while driving.
7. No hanging out the windows
8. No sharp objects or cutting of the bus seats or any writing on the bus.
9. Listen to the assistance and to the driver to show respect.

Consent and Indemnity form

I, _____
Full Name and Surname of legal Parent/Guardian of

Full Name and Surname of Child

hereby grant permission for my son / daughter to be transported by MissKay Shuttles.

- I accept that all reasonable precautions will be taken to ensure the safety of my child and that
- I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained during the transportation of my child/children
- I therefore undertake on behalf of myself, the Executors, my wife/husband and my child aforesaid to indemnify
- And absolve the owner, principal, drivers, teachers, helpers and paid temporary or permanent staff/ assistants against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in the course of such activities.
- I cede my powers as parent/guardian to the principal/owner of the business or representatives should medical treatment be deemed necessary for my child/children.
- As far as I know, he/she is in good health.

This indemnity shall remain in force for the full duration of my child's enrolment with MissKay Shuttles. I further undertake to furnish with the relevant information should any details alter or change.

I hereby give permission to staff members of MissKay Shuttles to:

Attend to any minor injuries my child might sustain.

- Take my child to a registered medical practitioner in the neighborhood in the event of the child needing
- Immediate medical attention other than hospitalization.
- Take my child to hospital in the event of an occurrence where my child requires medical attention.
- Procure the services of an ambulance to transport my child to hospital in the event
- of my child being too sick/injured to be transported by a member of staff.
- Administer CPR by trained/qualified staff to my child in the event of cardiac and/or pulmonary arrest.
- I am aware that all designated staff has undergone CPR and basic first aid training.

• I, _____ the undersigned,
hereby acknowledge and agree that;

- From the date of signature hereof my child's transport is subject to the terms and conditions of this admission and Indemnity form.
- I have duly and fully completed this admission form before signature, and I warrant the truth of all the information given.
- I am the person responsible for the payment of transport fees.

Signed at _____ on _____ of _____ 20_____

Full Name of Applicant

Applicant Signature