



STUDENT FARE CARD APPLICATION

Student

Name: _____ Date of Birth: _____
Address: _____
Telephone Number: _____ Alt No.: _____
Emergency Contact: _____
Emergency Contact Telephone: _____

As a Representative of _____,
(School, Organization, Physician, etc.)

I certify that this individual qualifies for reduced fare by being a student. Please attach a copy of state or school Identification, Birth Certificate.

Signature: _____
Printed Name: _____
Title: _____

Please call with any questions (580) 233-0468

Please Mail to: Enid Public Transportation Authority
1502 W Poplar St
Enid OK 73703