

Transportation Request Form

The policy of Traverse City Area Public Schools is to provide safe and efficient transportation services to eligible students. In order to route safely and efficiently, it is critical that the Transportation Department know which eligible students will be riding the bus.

Please complete the form below for each student.

My child will **NOT** require transportation. (Please complete the student information section, school, grade, and sign the form at the bottom)

School Year **2012/2013** School (Fall) _____ Grade (Fall) _____

STUDENT INFORMATION - One form is required per student (Please Print)

Please check all that apply

My eligible child WILL require transportation to/from our **PRIMARY PHYSICAL ADDRESS** listed below for the following times:

AM PM

Last Name		First Name		Middle Name
Primary Physical Address			Primary Physical Phone Number	
City/Zip			Date of Birth	

Please check all that apply

My eligible child WILL require transportation to/from an **ALTERNATE ADDRESS** listed below for the following times:
(other than our primary physical address listed above)

AM PM

Alternate Address		Alternate City/Zip
Contact Person at Alternate Address		Contact Person Phone Number

Please check all that apply

My eligible child WILL require transportation to/from a **SECOND ALTERNATE ADDRESS** listed below for the following times:
(**ONLY** if transportation is **NOT** required from primary physical address)

AM PM

Alternate Address		Alternate City/Zip
Contact Person at Alternate Address		Contact Person Phone Number

Parent/Guardian Signature _____ Date _____

Please Do Not Write Below This Line (For Office Use Only)

Date Received at School Office _____

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