

# 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 \_\_\_\_\_ School (Fall) \_\_\_\_\_ Grade (Fall) \_\_\_\_\_

<b>STUDENT INFORMATION - One form is required per student (Please Print)</b>		
Last Name	First Name	Middle Name
Home Address		City/Zip
Home Phone Number	Cell Phone Number	Date of Birth
<i>Please check all that apply</i>		
My eligible child WILL require transportation to/from our <b>HOME ADDRESS</b> listed above for the following times:		
<input type="checkbox"/> AM <input type="checkbox"/> PM		
<i>Please check all that apply</i>		
My eligible child WILL require transportation to/from an <b>ALTERNATE ADDRESS</b> (other than our home address listed above)		
<input type="checkbox"/> AM <input type="checkbox"/> PM		
Alternate Address	Alternate City/Zip	
Contact Person at Alternate Address	Contact Person Phone Number	
<i>Please check all that apply</i>		
My eligible child WILL require transportation to/from a <b>SECOND ALTERNATE ADDRESS</b> (ONLY if transportation is <b>NOT</b> required from home address)		
<input type="checkbox"/> AM <input type="checkbox"/> 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 \_\_\_\_\_