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)

<table>
<thead>
<tr>
<th>School Year</th>
<th>School (Fall)</th>
<th>Grade (Fall)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td>City/Zip</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>Cell Phone Number</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

Please check all that apply

My eligible child **WILL** require transportation to/from our **HOME ADDRESS** listed above for the following times:

☐ AM  ☐ PM

My eligible child **WILL** require transportation to/from an **ALTERNATE ADDRESS** (other than our home 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** (ONLY if transportation is **NOT** required from home 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 ___________________________