



2009-2010

Enrollment for Transportation – One per Child (if needed)



THE DIFFERENCE IS PRAYER

STUDENT INFORMATION

Legal Last Name _____ First Name _____ Middle Initial _____ Grade _____

School _____ Sex: Male Female

Street Address _____ Apt #/P.O. Box _____ City _____ Zip Code _____

Home Phone # _____ Unlisted phone #? Yes No Date of Birth _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name _____ First Name _____ Middle Initial _____ Relationship _____

Place of Employment _____ Work Phone _____ Mobile Phone/Pager _____

Parent/Guardian Last Name _____ First Name _____ Middle Initial _____ Relationship _____

Place of Employment _____ Work Phone _____ Mobile Phone/Pager _____

TRANSPORTATION INFORMATION (select only one option – circle AM or PM only if using busing during those times)

<input type="checkbox"/> Bus to & from home / daycare AM & PM Special notes: _____	<input type="checkbox"/> Shuttle between SFHS & SEAS (Grades 6-8 only) AM & PM	<input type="checkbox"/> Shuttle between IC & SEAS (Grades 6-8 only) AM & PM
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DAYCARE INFORMATION

Daycare Name _____ Street Address _____ Zip Code _____

Daycare Phone # _____ Days of Week for Daycare ((circle) all that apply) M Tu W Th F AM PM BOTH

EMERGENCY CONTACTS (if we are unable to contact you, please list 2 LOCAL emergency contacts)

Last Name _____ First Name _____ Relationship _____

Street Address _____ City _____ Zip Code _____ Phone # _____

Last Name _____ First Name _____ Relationship _____

Street Address _____ City _____ Zip Code _____ Phone # _____

HEALTH INFORMATION (please note any pertinent medical information, including medical conditions and/or medications)

Medical Alerts _____ Physician Name _____ Physician Phone # _____

I understand that my child, while riding a TCAPS bus, will follow the policies & procedures of the TCAPS Transportation Department.

Signature of Parent/Guardian _____ Date _____

You may download additional copies of this form by visiting the GTACS website at www.gtacs.org