



2011-2012 Enrollment for Transportation – One per Child (if needed)



STUDENT INFORMATION

Legal Last Name _____ First Name _____ Middle Initial _____ Grade _____
 School _____ Student's Gender: 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 (circle AM or PM only if using busing during those times)

<input type="checkbox"/> Bus to & from home / daycare AM & PM May add this option w/ SEAS shuttle; no charge for this transportation 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 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Optional shuttle service; select only one Cost is \$250 per child Check payable to TCAPS must be attached</p> </div>
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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 two 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.