

REQUEST FOR TRANSPORTATION



2018-2019

*This form is only valid for the 2018-2019 school year. This form must be turned in **4 weeks PRIOR to school starting** to have transportation at the beginning of the school year.

*This form is only for students grades **KG – 8th**, who attend an approved charter or parochial school.

*This form must be turned in to the Akron Board of Education via Central Registration/ Transportation, 70 N. Broadway, Rm 17, Akron, OH 44308. You may fax this form and required documentation to (330) 761-3224 or scan and email to rcarroll@apslearns.org.

SCHOOLS ARE NOT REQUIRED TO TURN THIS FORM IN WITH REQUIRED DOCUMENTATION TO CENTRAL REGISTRATION – PARENT/GUARDIAN MUST TURN IN.

*You *must* reside 2.0 miles or more from school of attendance in order to qualify for transportation services.

*Bus stops may be up to a ½ mile away from residential address.

*Students must be able to ride a regular yellow school bus – van transportation is not provided.

*Anytime there is a change in address, school of attendance, or guardianship you *must* complete a **NEW RFT**.

*If your students are new to transportation from Akron Public Schools it is suggested to have a birth certificate along with this form in order to speed up processing of this request.

*This form will also require Proof of Residency with a statement date no more than 60 days old (utility bill, bank statement, lease, paystub, letter from government agency, medical bill, etc.)

***Transportation services are not offered if Akron Public Schools is closed due to inclement weather.**

*Payment-in-lieu is at the discretion of Akron Public Schools. You will be required to complete this form along with required documentation and also complete an additional contract. Payment-in-lieu is **NOT** Retroactive. Date stamp of approval begins date of payment.

Questions? Please call Ramona Carroll ~ (330) 761-2738.

OFFICE USE ONLY

Approved Alt Trans PIL Denied

Only 1 (one) school of attendance may be marked.

****If your student/s attend different schools, you will need to complete a different form for each school.**

- Akron Preparatory School (13254)
- Akros Middle School (12060)
- Arlington Christian Academy (113050)
- Chapel Hill Christian – NORTH (60657)
- Chapel Hill Christian – SOUTH (71571)
- Canton College Preparatory School (13255)
- Cornerstone Community School (134460)
- CVCA Christian (67611)
- Edge Academy (133538)
- Emmanuel Christian Academy (120865)
- Faith Islamic (143248)
- GSEL/SCOPE (11381)
- Holy Family (57513)
- Imagine Leadership (14121)
- Imagine Akron Academy (KG) (11947)
- Immaculate Heart of Mary (57232)
- Lake Center Christian (64915)
- Main Street Preparatory (14066)
- Mayfair Christian Academy (54171)
- Middlebury Academy (134213)
- Our Lady of the Elms (KG-8) (56937)
- Northside Christian Academy (10210)
- Old Trail (60848)
- Redeemer Christian Academy (60368)
- S.U.P.E.R. Learning Center (10582)
- Sacred Heart (57729)
- Spring Garden Waldorf (96693)
- St. Anthony of Padua (56994)
- St. Augustine (57182)
- St. Francis de Sales (57018)
- St. Hilary (57034)
- St. Joseph – Cuyahoga Falls (57240)
- St. Joseph – Mogadore (60062)
- St. Mary (57067)
- St. Matthew (57075)
- St. Sebastian (60962)
- St. Vincent de Paul (57109)
- STEAM Academy (12627)
- STEEL Academy (14927)
- Summit Academy – Elementary (133587)
- Summit Academy – Middle (132779)
- Summit Christian School (96966)
- The Lippman School (65722)
- University Academy (14063)

OTHER: _____

Please Mark All That Apply:

Date of Request: _____

New to Transportation for **18/19** school year

Change of Address or Change of School

Guardianship Change

I am opting out of all transportation services

(including Payment-In-Lieu; you may re-apply if needed)

Please complete all information listed below:

Student Name: _____

Birthdate: _____ Grade: _____ **OFC ONLY~ SSID:** _____

Student Name: _____

Birthdate: _____ Grade: _____ **OFC ONLY~ SSID:** _____

Student Name: _____

Birthdate: _____ Grade: _____ **OFC ONLY~ SSID:** _____

Student Name: _____

Birthdate: _____ Grade: _____ **OFC ONLY~ SSID:** _____

The above named student(s) reside/s at the following address with parent/guardian

Parent/Guardian (if married & living together **both** names must appear on this form)

Name/s: _____

Relationship: _____

Legal Guardian: Yes No Temporary Permanent

Address: _____

Apt: _____ **City:** _____ OH **Zip Code:** _____

All-Call number: _____

First Contact Number: _____

_____ I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.

X _____ **X** _____

Signature of Parent/Guardian

Date