



INFORMATION UPDATE FOR TRANSPORTATION SERVICES

2017-2018

THIS FORM IS ONLY ACCEPTED FOR TRANSPORTATION SERVICES AS LONG AS THERE ARE NO CHANGES TO SCHOOL OF ATTENDANCE, ADDRESS, PHONE NUMBER, GUARDIANSHIP CHANGES, AND THIS IS NOT A FIRST-TIME REQUEST.

****If there are any changes of this nature, you must complete a NEW RFT and returned with current POR (Proof Of Residency).**

Please fill in and mark all that apply: ****This RFT is valid for the ENTIRE 2017-2018 school year only for grades KG – 8th ONLY****

Date of Request: _____ For School Year: _____ Requesting Bus Transportation

**** YOU MAY LIST UP TO 5 CHILDREN ON THIS FORM - AS LONG AS THEY RESIDE IN THE SAME HOUSEHOLD WITH PARENT/ GUARDIAN AND ALL ATTEND THE SAME SCHOOL.**

****ONLY ONE SCHOOL MAY BE LISTED PER APPLICATION. PLEASE MARK THE APPROPRIATE SCHOOL OF ATTENDANCE BELOW:**

- | | | |
|--|---|--|
| <input type="checkbox"/> (12060) Akros Middle School | <input type="checkbox"/> (113050) Arlington Christian Academy | <input type="checkbox"/> (60657) Chapel Hill Christian – North |
| <input type="checkbox"/> (71571) Chapel Hill Christian – South | <input type="checkbox"/> (134221) Colonial Prep | <input type="checkbox"/> (134460) Cornerstone Community School |
| <input type="checkbox"/> (67611) CVCA Christian | <input type="checkbox"/> (133538) Edge Academy | <input type="checkbox"/> (120865) Emmanuel Christian Academy |
| <input type="checkbox"/> (143248) Faith Islamic | <input type="checkbox"/> (11381) GSEL/SCOPE | <input type="checkbox"/> (57513) Holy Family |
| <input type="checkbox"/> (14121) Imagine Leadership | <input type="checkbox"/> (11947) Imagine Kindergarten | <input type="checkbox"/> (57232) Immaculate Heart of Mary |
| <input type="checkbox"/> (64915) Lake Center Christian | <input type="checkbox"/> (14066) Main Street Prep | <input type="checkbox"/> (54171) Mayfair Christian Academy |
| <input type="checkbox"/> (134213) Middlebury Academy | <input type="checkbox"/> (10210) Northside Christian Academy | <input type="checkbox"/> (60848) Old Trail |
| <input type="checkbox"/> (56937) Our Lady of the Elms | <input type="checkbox"/> (60368) Redeemer Christian Academy | <input type="checkbox"/> (10582) S.U.P.E.R. Learning Center |
| <input type="checkbox"/> (57729) Sacred Heart | <input type="checkbox"/> (126599) Seton Catholic | <input type="checkbox"/> (96693) Spring Garden Waldorf |
| <input type="checkbox"/> (56994) St Anthony of Padua | <input type="checkbox"/> (57182) St. Augustine | <input type="checkbox"/> (57018) St. Francis de Sales |
| <input type="checkbox"/> (57034) St. Hilary | <input type="checkbox"/> (57240) St. Joseph – Cuyahoga Falls | <input type="checkbox"/> (60062) St. Joseph – Mogadore |
| <input type="checkbox"/> (57067) St. Mary | <input type="checkbox"/> (57075) St. Matthew | <input type="checkbox"/> (57083) St. Paul |
| <input type="checkbox"/> (60962) St. Sebastian | <input type="checkbox"/> (5709) St. Vincent | <input type="checkbox"/> (12627) STEAM Academy |
| <input type="checkbox"/> (14927) STEEL Academy | <input type="checkbox"/> (133587) Summit Academy – Elem. | <input type="checkbox"/> (132779) Summit Academy – Middle |
| <input type="checkbox"/> (96966) Summit Christian School | <input type="checkbox"/> (65722) The Lippman School | <input type="checkbox"/> (14063) University Academy |
| <input type="checkbox"/> Other: _____ | | |

Please print all information listed below:

Student Name: _____ Grade: _____ Birthdate: _____

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Student Name: _____ Grade: _____ Birthdate: _____

Student Name: _____ Grade: _____ Birthdate: _____

Student Name: _____ Grade: _____ Birthdate: _____

School use only!
Student SSID #
ID _____
ID _____
ID _____
ID _____
ID _____

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

Parent/Guardian Name(s): _____

Relationship: _____ Legal Guardianship: Yes No Temp Permanent

Address: _____ Apt: _____

City: _____ OH Zip Code: _____ Phone Number: _____

Additional phone number(s): _____

By completing this form and turning it in to Central Registration/Transportation you agree to all the stipulations listed herein.

Parent/Guardian Signature: _____ Date: _____ *RFT – revised 1/17*

****NOTE: You are required to complete a NEW regular RFT anytime there is a change in School, Address, or Guardianship.**
You must be at least over 2.0 miles from school of attendance in order to qualify. Other restrictions apply. Stops may be up to a 1/2 mile away from residential address

_____ *By marking here, I agree that I am willfully refusing transportation services offered by Akron Public Schools. I realize that I may re-apply if necessary.*