REQUEST FOR TRANSPORTATION

INFO UPDATE/NO CHANGES

*This form can only be used by those that have the following:
- *NO changes to address from 17/18
- *NO changes to school of attendance from 17/18
- *NO changes in guardianship from 17/18
- *Student is NOT NEW to transportation services

*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.

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

*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.

*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.

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.*

School	Code
___ 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)
___ GSELC/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 If This Applies:

Date of Request: _____

___ **I am opting out of all transportation services (including Payment-In-Lieu; you may re-apply if needed)**

FOR 2018-2019 ONLY!

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**