

Intercampus Shuttle Enrollment

ONE PER STUDENT (IF NEEDED)

HAES = HOLY ANGELS ELEMENTARY SCHOOL
 ICES = IMMACULATE CONCEPTION ELEMENTARY SCHOOL
 SEAS = ST. ELIZABETH ANN SETON MIDDLE SCHOOL
 TCSF = TRAVERSE CITY ST. FRANCIS HIGH SCHOOL



Please indicate transportation needs both **before** and **after** the new school opens

The cost for the OPTIONAL shuttle services is \$250 per student per year. EXCEPTION: There is no charge for the temporary 5th grade shuttle to St. Elizabeth from St. Francis but an enrollment form must be completed and sent to TCAPS.

PRIOR TO NEW SCHOOL OPENING:	AFTER NEW SCHOOL OPENING:
<input type="checkbox"/> Grade 5 Only – No Fee HAES/TCSF > SEAS reverse route in afternoon	<input type="checkbox"/> ICES > SEAS - reverse route in afternoon
<input type="checkbox"/> Grades 6-8 – \$250 Fee to TCAPS HAES/TCSF > SEAS reverse route in afternoon	<input type="checkbox"/> HAES/TCSF > SEAS - reverse route in afternoon <input type="checkbox"/> Morning ICES > HAES/TCSF > SEAS Afternoon SEAS > HAES/TCSF > ICES

Send check (payable to TCAPS) to
**Mike Wilkins, TCAPS, 1180 Cass Rd.,
 Traverse City, MI 49684**
 (231) 933-1918 / WilkinsMi@tcaps.net

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	

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