

# TCAPS Neighborhood Busing

ONE PER STUDENT (IF NEEDED)



SEE TRANSPORTATION INFORMATION SHEET FOR DETAILED INFORMATION ON THESE OPTIONS

## TO RIDE BUS TO/FROM NEIGHBORHOOD TO TRANSFER STOP

☐ MORNINGS: WILL RIDE TCAPS BUS FROM HOME, DAYCARE OR TRANSFER STOP AT EAST OR WEST MIDDLE SCHOOL☐ AFTERNOONS: WILL RIDE TCAPS BUS TO HOME, DAYCARE OR TRANSFER STOP AT WEST OR CENTRAL HIGH SCHOOL

There is no fee for this transportation.

A COPY OF THIS FORM IS GIVEN TO TCAPS; PLEASE FILL IT OUT COMPLETELY SO DRIVERS HAVE IMPORTANT INFORMATION IN THE EVENT OF AN EMERGENCY

### 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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