

Transportation Shuttle Enrollment

ONE PER STUDENT (IF NEEDED)



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<input type="checkbox"/>	TCSF > SEAS SEAS > TCSF
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*The cost for any of the **OPTIONAL** shuttle services is \$250 per student per year.*

*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.