

# INTERCAMPUS (SEAS) SHUTTLE ENROLLMENT

ONE PER STUDENT (IF NEEDED)



- Immaculate Conception Elementary to St. Elizabeth Ann Seton Middle School (reverse route at end of day) - First shuttle departs for SEAS at 7:10 am; second departs at 7:20 am; returns at approximately 3:00 pm
- St. Francis High School to St. Elizabeth Ann Seton Middle School (reverse route at end of day) - departs at 7:10 am / returns at approximately 3:00 pm

**The cost for the *OPTIONAL* shuttle services is \$250 per student per year.**

*Direct payment and/or questions to:  
Mike Wilkins, Specialist  
TCAPS Transportation, 1180 Cass Rd.,  
Traverse City, MI 49684 (231) 933-1931  
email: WilkinsMi@tcaps.net*

You may download additional copies of this form from the GTACS website.

## STUDENT INFORMATION

|                 |                                |                |          |
|-----------------|--------------------------------|----------------|----------|
| Legal Last Name | First Name                     | Middle Initial | Grade    |
| School          | Student's Gender (circle one): | Male           | Female   |
| Street Address  | Apt #/P.O. Box                 | City           | Zip Code |
| Home Phone #    | Unlisted Phone #? Yes No       | Date of Birth  |          |

## PARENT/GUARDIAN INFORMATION

|                             |            |                |               |
|-----------------------------|------------|----------------|---------------|
| Parent 1/Guardian Last Name | First Name | Middle Initial | Relationship  |
| Place of Employment         | Work Phone | Mobile Phone   | Email Address |
| Parent 2/Guardian Last Name | First Name | Middle Initial | Relationship  |
| Place of Employment         | Work Phone | Mobile Phone   | Email Address |

## EMERGENCY CONTACTS (if we are unable to contact you, please list two LOCAL emergency contacts)

|           |            |              |       |
|-----------|------------|--------------|-------|
| Last Name | First Name | Relationship | Phone |
| Last Name | First Name | Relationship | Phone |

## HEALTH INFORMATION (please note any pertinent medical information, including medical conditions and/or medications)

|                |                |                   |
|----------------|----------------|-------------------|
| Medical Alerts | Physician Name | Physician Phone # |
|----------------|----------------|-------------------|

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 |
|------------------------------|------|