INTERCAMPUS (SEAS) SHUTTLE ENROLLMENT



SIGNATURE of Parent/Guardian





Immaculate Conception Elementary to St. Elizabeth Ann Seton Middle School (reverse route at end of day) - Two shuttles depart for SEAS at 7:30 am from Vine Street; return at approximately 3:00 pm			\$250 per st	the OPTIONAL shuttle services is udent per year. Send form with neck payable to TCAPS) to:	
St. Francis High School to St. Elizabe one shuttle departs from 11th Stree		Doug Partle TCAPS Tran	Direct payment and/or questions to: Doug Partlo TCAPS Transportation, 1180 Cass Rd., Traverse City, MI 49684 (231) 933-1931		
You may download additional copies of this form from the GTACS website.				Do@tcaps.net	
STUDENT INFORMATION					
Legal Last Name	First Name		Middle Initial	Grade	
School	Student's Gender (cir	cle one):	Male Female		
Street Address	Apt #/P.O. Box	City		Zip Code	
Home Phone #	Unlisted 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 una	able to contact you, please list two LOCAL er	nergency contacts)			
Last Name	First Name	Relationship		Phone	
Last Name	First Name	Relationship		Phone	
HEALTH INFORMATION (please note	any pertinent medical information, includir	g medical conditions	s and/or medicati	ons)	
Medical Alerts	Physician Name		Physician Phone #		
I understand that my child, while riding	a TCAPS bus, will follow the policies & proce	dures of the TCAPS T	ransportation Dep	partment.	

Date