

TCAPS Neighborhood Busing

ONE PER STUDENT AS NEEDED - Submit to admissions@gtacs.org



TRANSPORTATION 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

SEE TRANSPORTATION INFORMATION SHEET FOR DETAILED INFORMATION ON THESE OPTIONS

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

There is no fee for this transportation. You may download additional copies of this form by visiting the GTACS website at www.gtacs.org.

STUDENT INFORMATION

Legal Last Name	First Name	Middle Initial	Grade
School	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/Guardian Last Name	First Name	Middle Initial	Relationship
Place of Employment	Work Phone	Mobile Phone	Email
Parent/Guardian Last Name	First Name	Middle Initial	Relationship
Place of Employment	Work Phone	Mobile Phone	Email

DAYCARE INFORMATION

Daycare Name	Street Address	Zip Code
Daycare Phone Number	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	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 #
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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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Please submit completed form to admissions@gtacs.org.

TCAPS Neighborhood Busing 8_09_22