

INTERCAMPUS (SEAS) SHUTTLE ENROLLMENT

ONE PER STUDENT (GRADES 6-8 ONLY)



STEP 1 SELECT A PICK UP/RETURN LOCATION

- ☐ **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
- ☐ **St. Francis High School** to St. Elizabeth Ann Seton Middle School (reverse route at end of day) - One shuttle departs from 11th Street at 7:30 am; returns at approximately 3:00 pm

STEP 2 COMPLETE REGISTRATION FORM(S) AND RETURN WITH PAYMENT

- ☐ Complete a registration form for EACH student intending to utilize the shuttle; **attach check payable to TCAPS** for \$250 per student (a combined payment is acceptable) and **return to GTACS**, ATTN Cindy Weber, Director of Admissions, 123 E. 11th Street, Traverse City, MI 49684, (231) 995-8477

STUDENT INFORMATION

THIS FORM IS AVAILABLE FOR DOWNLOAD ON THE GTACS WEBSITE > PARENTS > TRANSPORTATION

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 #
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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