INTERCAMPUS ST. ELIZABETH ANN SETON (SEAS) SHUTTLE ENROLLMENT

ONE PER STUDENT (GRADES 6-8 ONLY)

FFFFCTIVE WITH THE 2024/25 SCHOOL VEAD

	F IS AT ST. FRANCIS CHURCH PARKING LOT (SOUTH END)		Traverse City A	Traverse City Area Public Schools		
☐ Immaculate Conception Elemo	entary from St. Elizabeth Ann Seton Middle	e School (SEAS) - a	pproximate arrival ti	me 3:00 pm.		
St. Francis High School from St.	Elizabeth Ann Seton Middle School (SEAS)	- approximate arr	ival time 3:00 pm.			
	ACH student intending to utilize the shuttlen to GTACS, ATTN Cindy Weber, Director of					
STUDENT INFORMATION THIS FO	ORM IS AVAILABLE FOR DOWNLOAD ON THE GT	ACS WEBSITE > PAR	PENTS > TRANSPORTAT	ION		
Legal Last Name	First Name	Name Mic		Grade		
School	Student's Gender (o	ircle 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 Ir	iitial	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 P	hone	Email Address		
EMERGENCY CONTACTS (if we are un	nable to contact you, please list two LOCAL o	emergency contac	ts)			
Last Name	First Name Re		Relationship		Phone	
Last Name	First Name	Relationship		Phone		
HEALTH INFORMATION (please note	e any pertinent medical information, includ	ing medical condi	tions and/or medica	tions)		
Medical Alerts	Physician Name		Physi	Physician Phone #		
I understand that my child, while riding	g a TCAPS bus, will follow the policies & pro	cedures of the TCA	APS Transportation Do	epartment.		