

# TCAPS Neighborhood Busing

ONE PER STUDENT AS NEEDED - Submit to [admissions@gtacs.org](mailto:admissions@gtacs.org)



## SHUTTLE TO/FROM TRANSFER STOP ONLY [NO HOME TRANSPORT NEEDED]

**MORNINGS:** WILL RIDE TCAPS SHUTTLE BUS FROM TRANSFER STOP AT EAST OR WEST MIDDLE SCHOOL TO GTACS SCHOOL

**AFTERNOONS:** WILL RIDE TCAPS SHUTTLE BUS TO TRANSFER STOP AT WEST OR CENTRAL HIGH SCHOOL ONLY

## TO/FROM HOME OR ALTERNATE STOP [SHUTTLE & HOME TRANSPORT NEEDED]

**MORNINGS:** WILL RIDE TCAPS BUS ALONGSIDE TCAPS STUDENTS FROM HOME OR ALTERNATE STOP TO TRANSFER STOP AT EAST OR WEST MIDDLE SCHOOL THEN RIDE TCAPS SHUTTLE BUS TO GTACS SCHOOL

**AFTERNOONS:** WILL RIDE TCAPS SHUTTLE BUS TO TRANSFER STOP AT WEST OR CENTRAL HIGH SCHOOL AND THEN RIDE A TCAPS BUS ALONGSIDE TCAPS STUDENTS TO HOME OR ALTERNATE ADDRESS

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](http://www.gtacs.org).

### STUDENT INFORMATION

Legal Last Name	First Name	Middle Initial	Grade
School	Date of Birth	Gender (circle one):	Male Female

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name	First Name	Middle Initial	Relationship
Home Phone	Work Phone	Mobile Phone	Email
Parent/Guardian Last Name	First Name	Middle Initial	Relationship
Home Phone	Work Phone	Mobile Phone	Email

### STUDENT HOME ADDRESS INFORMATION [REQUIRED]

Street Address	City	Zip Code
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Do you need transportation to this location? (circle one): Yes No When do you need transportation? (circle all that apply): AM PM Both

### ALTERNATE ADDRESS INFORMATION [COMPLETE ONLY IF BUSING NEEDED TO ADDRESS OTHER THAN HOME]

Contact Name & Relationship	Street Address	City	Zip Code
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Phone Number When do you need transportation? (circle all that apply): 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](mailto:admissions@gtacs.org).