## INTERCAMPUS ST. ELIZABETH ANN SETON (SEAS) SHUTTLE REGISTRATION

**ONE PER STUDENT (GRADES 6-8 ONLY)** 

Effective with the 2025/26 school year, the shuttle service will operate out of the St. Francis Church parking lot at both the start of day and end of day. Please refer to shuttle maps for drop-off and pick-up instructions.

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 FO	ORM IS AVAILABLE FOR DOWNLOAD ON THE GT	ACS WEBSITE > PARENTS > TRANSPO	RTATION
Legal Last Name	First Name	Middle Initi	al Grade
School	Student's Gender (o	ircle one): Male Fen	nale
Street Address	Apt #/P.O. Box	City	Zip Code
Home Phone #	Unlisted Phone #?	Unlisted Phone #? Yes No	
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 u	nable to contact you, please list two LOCAL o	emergency contacts)	
Last Name	First Name	Relationship	Phone
Last Name	First Name	Relationship	Phone
HEALTH INFORMATION (please note	e any pertinent medical information, includ	ing medical conditions and/or me	dications)
Medical Alerts	Physiciar	n Name P	hysician Phone #
I understand that my child, while ridin	g a TCAPS bus, will follow the policies & pro	cedures of the TCAPS Transportatio	on Department.
SIGNATURE of Parent/Guardian		Date	