



THE ELLA P. STEWART ACADEMY TPS BUS TRANSPORTATION REQUEST FORM

Students, grades K-6, residing **more than** one mile from our school, are eligible for transportation services with designated pick-up/drop-off sites. **Please complete this entire form. Please write legibly.** Return the form to Toni Day at tday1@tps.org

1. Type of Request: ____ New ____ Address Change

2. How many students? ____

3. Student(s') Full Name:

First ____ Middle: ____ Last: ____ 900 ____ Grade ____

First ____ Middle: ____ Last: ____ 900 ____ Grade ____

First ____ Middle: ____ Last: ____ 900 ____ Grade ____

4. Parent/Guardian's Full Name

First ____ Middle: ____ Last: ____

5. Students' Primary Address: Street ____
City ____ Zip Code ____

***CONTACT INFORMATION:**

*Primary Phone Number ____ - ____ - ____ Secondary Phone Number ____ - ____ - ____

6. *Primary Email Address ____

***Transportation will contact you when routing is complete. Please use accurate contact information.**

7. Choose one: ____ ALL Day ____ AM ONLY ____ PM ONLY

8. Pick-up Location: Must be located in home school area (example: home address, caregiver's or daycare) Street ____

City ____ Zip Code ____

9. Drop-off Location: Must be located in home school area (example: home address, caregiver's or daycare) : Street ____

City ____ Zip Code ____

Parent/Guardian Signature ____ Date: ____