REQUIRED ITEMS FOR COMPLETION

- Form request type (ONLY ONE TYPE)
- School of attendance (ONLY ONE SCHOOL)
- Student Name
- Student Birthdate
- Student Grade Level
- Guardian and/or Alternate Transportation Party Name
- Relationship to Student—must notify of change
- Complete Address -must notify of change, too
- Contact Number/s –must notify of change, too
- Guardian Email

APPLICABLE DOCUMENTATION

* Proof Of Residency -

Must be current, no more than 60 days oldCan be One of the following:

Bank Statement, Paystub, Billing Statement, Letter from Government or Legal Agency, Lease.

Computerized Rental Receipt, Utility Bill or Turn On Notification, USPS Change of Address Confirmation Letter

*Custody Information (if applicable)

Must be court stamped and in its entirety

* Birth Certificate (if applicable)

It is suggested to provide a birth certificate for <u>all</u> <u>incoming KG/new to school students</u> and students that **have never been enrolled** in Akron Public Schools to enable quick processing of request

Transportation Contact Info:

Akron Public Schools 330-761-1390
Petermann Bus Co. 330-773-4222
Student Services/Transportation 330-761-2738

**NOTE: Guardians are required /responsible to complete and submit this form to Akron Public Schools. Schools are not responsible tor this.

RFT GENERAL INFORMATION

- Must reside within the Akron Public School District
- Yellow Bus transportation service only
- May list up to 4 students on this form
- Only one school may be listed per form
- Must be from a residential, not business address, and reside over 2.0 miles from school of attendance
- Must be30 min or less travel time by bus
- Required yearly and/or any time there are changes in school, address, and/or guardianship
- Must be turned in 4 weeks prior to school starting at the beginning of school year for transportation service when school starts
- May apply year-round once school is in session
- Late entry at beginning of school year may cause a 10-15 business day delay in processing (not Counting holidays and weekends)
- Payment-in-Lieu is at the discretion of Akron Public Schools.
- Denial letters for missing documentation or change in status will be mailed to residence
- Can re-apply at any time

BUS STOP INFORMATION

- Stops may be up to 1/2 mile from residence
- Students must be at stop 5 minutes prior to scheduled pick-up time to assure timely operation
- Buses will not wait for students for more than
 1 min from normally scheduled departure time
- KG & 1st grade students must be accompanied at stop location by an adult
- Services cancelled after 15 school days of inactivity
- When Akron Public Schools is closed for inclement weather no transportation services will be provided.

Request

For

Transportation

For
Charter, Parochial
&
Non-Public Schools

Grades KG - 8th only



This form is NOT for students attending any Akron Public School

Helping to serve our Community, Schools, and Families one child at a time!

Please note requirements listed under each heading; Only ONE FORM TYPE may be chosen: **Updated/New Student** New to School, Moved, or Changed Address New to Transportation Services for this school year Change of Custody/Guardianship Requires Current, Visibly Dated Proof of Residency Copy of Birth Certificate Highly Suggested **Renewal With No Changes** At Same School as previous year At Same Address as previous year Same Guardian as previous vear **Received Transportation Services previous year Alternate Transportation** Requesting service To A Different Residential Address **Alternate Transportation is at the sole discretion of Akron Public Schools. We are not legally required to provide transportation from any residence other than home residence. Alternate Transportation is not quaranteed. **NOTE:** The HOME RESIDENCE is required to be eligible/qualify for transportation services **BEFORE** any alternate transportation services would be considered.** Items Required for Alternate Transportation: Updated/New Student form for home residence Alternate Transportation form for other residential address Current Proof of Residency for **BOTH** residential addresses (with visible process date of service) **Notarized Letter** Requesting Transportation from other residential address that must be signed by **BOTH** Residential Guardian AND Other Residential Party ☐ I am requesting AM & PM service (optional) ☐ I am requesting AM pick-up ONLY (optional) ☐ I am requesting PM drop-off ONLY (optional) ☐ I am choosing to opt out of <u>and</u> am refusing <u>ALL</u> types of transportation services, including reimbursement via payment-in-lieu. I realize that I am free to reapply at another time. By checking this, I know NO TRANSPORTATION SERVICES WILL BE GIVEN. **RETURN TO: Akron Public Schools** Student Services /Transportation, Rm 513 10 North Main Street, Akron, OH 44308 FAX: (330) 761-3224 or (330) 761-2960

EMAIL: rcarroll@apslearns.org

**Schools are not required to complete or return this form in to APS

Only ONE SCHOOL may be marked **For 2021/2022 School Year Only ____ Akron Preparatory School 13254 ___ Akros Middle School 12060 ____ Arlington Christian Academy 113050 ___ Chapel Hill Christian—NORTH 60657 ___ Chapel Hill Christian—SOUTH 71571 ___ Canton College Preparatory 13255 ___ Case Preparatory (formerly University) 19221 ___ Cornerstone Community 134460 ___ CVCA Christian 67611 Eagle Academy (formerly STEAM) 12627 ____ Edge Academy 133538 Emmanuel Christian Academy 120865 ___ Faith Islamic 143248 ___ GSELC/SCOPE 11381 ___ Holy Family 57513 ____ Imagine Leadership (1st-6th only) 14121 ____ Imagine Akron Academy (KG only) 11947 ___ Immaculate Heart of Mary 57232 ___ Julie Billiart of St Sebastian 16974 ___ Lake Center Christian 64915 ___ Main Street Preparatory 14066 ____ Mayfair Christian Academy 54171 ____ Middlebury Academy 134213 ___ Our Lady of The Elms (KG-8th only) 56937 ___ Old Trail 60848 Redeemer Christian Academy 60368 ____ S.U.P.E.R. Learning Center 10582 ____ Spring Garden Waldorf 96693 ____ St. Anthony of Padua 56994 ___ St. Augustine 57182 ___ St. Francis de Sales 57018 St. Hilary 57034 ___ St. Joseph—Cuyahoga Falls 57240 ___ St. Joseph—Mogadore 60012 ____ St. Mary 57067 ___ St. Sebastian 60962 ___ St. Vincent de Paul 57109 ____ Summit Academy Elementary 133587 ___ Summit Academy Middle 132779 ____ Summit Christian School 96966 ___ The Lippman School 65722 ___ Total Education Solutions 17448 OTHER: **DO NOT USE THIS FORM** for students who are in High School or

attend any Akron Public School! Guardians of High School

Students (9th—12th) must contact M. Freeman for a Metro bus pass at (330) 761-2961 or mfreeman@apslearns.org.

Ist Student:	ALLIMOMMAMOM	3 KEGOIKED	io be illied ill <u>.</u>
2nd Student: DOB: Grade: [OFC USE ONLY] 3rd Student: Grade: [OFC USE ONLY] 4th Student: [OFC USE ONLY] Ath Student: [OFC USE ONLY] REQUESTOR of Transportation Services is REQUIRED to be complete the below information (NOTE: If requestor is married AND residing together, both names must appear on form or only requestor may provide proof of residency) Alternate Transportation Information *The information below is to be legible and completed by the ADULT requesting services: Requestor Name: Relationship to Student: Legal Guardian? Yes No Custody Yes Case Number: [Divorced/Residential Court-Placed No Address: Apt. City: OH Zip: [Contact Email: All-Call Number: [Signing and dating this (required), I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.	1st Student:		
Grade: [OFC USE ONLY] 3rd Student: Grade: [OFC USE ONLY] 4th Student: Grade: [OFC USE ONLY] 4th Student: Grade: [OFC USE ONLY] REQUESTOR of Transportation Services is REQUIRED to be complete the below information Parent/Guardian Information (NOTE: If requestor is married AND residing together, both names must appear on form or only requestor may provide proof of residency) Alternate Transportation Information *The information below is to be legible and completed by the ADULT requesting services: Requestor Name: Relationship to Student: Legal Guardian? Yes No Custody Yes Case Number: Divorced/Residential Court-Placed No Address: Apt City: OH Zip: Contact Email: All-Call Number: By signing and dating this (required), I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.	DOB:	_ Grade:	OFC USE ONLY
3rd Student: DOB: Grade: [OFC USE ONLY] 4th Student: DOB: Grade: [OFC USE ONLY] REQUESTOR of Transportation Services is REQUIRED to be complete the below information Parent/Guardian Information (NOTE: If requestor is married AND residing together, both names must appear on form or only requestor may provide proof of residency) Alternate Transportation Information *The information below is to be legible and completed by the ADULT requesting services: Requestor Name: Relationship to Student: Legal Guardian? YesNo Custody Yes Case Number: Divorced/Residential Court-Placed No Address: Apt City: OH Zip: Contact Email: All-Call Number: By signing and dating this (required), I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.	2nd Student:		
### Student: DOB:	DOB:	_ Grade:	[OFC USE ONLY]
### Student: DOB:	3rd Student:		
REQUESTOR of Transportation Services is REQUIRED to be complete the below information Parent/Guardian Information	DOB:	_ Grade:	[OFC USE ONLY]
REQUESTOR of Transportation Services is REQUIRED to be complete the below information Parent/Guardian Information	4th Student:		
REQUIRED to be complete the below information Parent/Guardian Information	DOB:	_ Grade:	[OFC USE ONLY]
Legal Guardian? YesNo Custody Yes Case Number: Divorced/Residential Court-Placed No Address: Apt City: OH Zip: Contact Email: All-Call Number: First Contact Number: By signing and dating this (required), I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.	(NOTE: If required together, both na requestor may Alternate Transton The information completed by the together, both na requestor may requestor may be a supplementation of the information of the inform	estor is marrimes <u>must</u> appe provide proof asportation: on below is to be ADULT req	ed AND residing ar on form or only for residency) Information o be legible and puesting services:
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Address: AptCity:OH Zip:OH Zip: _	Custody Yes Co	ase Number: _	
AptCity:OH Zip: Contact Email: All-Call Number: By signing and dating this (required), I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.	Divorced/Reside	entialCou	ırt-Placed No
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and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.			
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All information is REQUIRED to be filled in:

School Use ONLY: ___ MKV APS Use ONLY: APPRV___ DMILE ___ DIPOR___ DCUST___ DDIST/DMISC_____