

## REQUIRED ITEMS FOR COMPLETION

- Form request type (only 1 type)
- School of attendance (only 1 school)
- Student Name
- Student Birthdate
- Student Grade Level
- Guardian Name
- Guardian Relationship
- Complete Address
- Contact Number/s

## APPLICABLE DOCUMENTATION

### \* **Proof Of Residency -**

***Must be current, no more than 60 days old***

*Can 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)**

Suggested for all new students 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: Schools are not responsible for the completion of this form nor submitting this form to Akron Public Schools**

## 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 reside over 2.0 miles from school of attendance
- Must be under 30 min travel time
- 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 day delay in processing (not counting holidays and weekends)
- Payment-in-Lieu is at the discretion of Akron Public Schools.
- Denial letters mailed to residence
- Can re-apply at any time

## BUS STOP INFORMATION

- Stops may be up to 1/2 mile from residence
- Buses will not wait for students for more than 1 min from normally scheduled 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, and  
Non-Public Schools

Grades KG—8th only



**Akron Public  
Schools®**

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

**Only ONE FORM TYPE may be chosen:**

- Updated/New Student**  
 - New to School  
 - New to Transportation Services  
 - Change of Address  
 - Change of Guardianship  
 - Requires Current Proof of Residency
- Renewal With No Changes**  
 - At Same School as previous year  
 - At Same Address as previous year  
 - Same Guardian as previous year  
 - Received Transportation Services previous year
- Alternate Transportation**  
 - Requesting service To Another **Residential Address**  
Required for Alternate Transportation:  
 - Updated/New Student form for home residence  
 - Current Proof of Residency for home residential residence  
 - Alternate Transportation form for other residential address  
 - Current Proof of Residency for other residential address  
 - Notarized Letter Requesting Transportation from other residential address  
 - Notarized Letter must be signed by Residential Guardian **AND** Other Residential Party

**NOTE: 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 guaranteed. The home residence must qualify for transportation services before alternate transportation services would be considered.**

**I am choosing to opt out of ALL types of transportation services, including payment-in-lieu. I may reapply at another time.**

**I am requesting AM pick up ONLY**

**I am requesting PM pick-up ONLY**

**RETURN TO:**

Akron Public Schools  
 Student Services /Transportation  
 10 North Main Street, Akron, OH 44308  
 FAX: (330) 761-3224  
 EMAIL: rcarroll@apslearns.org

**\*\*Schools are not required to turn this form in to APS**

**Choose only ONE SCHOOL for this form:**

- |   |        |
|---|--------|
| <input type="checkbox"/> Akron Preparatory School       | 13254  |
| <input type="checkbox"/> Akros Middle School            | 12060  |
| <input type="checkbox"/> Arlington Christian Academy    | 113050 |
| <input type="checkbox"/> Chapel Hill Christian—NORTH    | 60657  |
| <input type="checkbox"/> Chapel Hill Christian—SOUTH    | 71571  |
| <input type="checkbox"/> Canton College Preparatory     | 13255  |
| <input type="checkbox"/> Cornerstone Community          | 134460 |
| <input type="checkbox"/> CVCA Christian                 | 67611  |
| <input type="checkbox"/> Eagle Academy (formerly STEAM) | 12627  |
| <input type="checkbox"/> Edge Academy                   | 133538 |
| <input type="checkbox"/> Emmanuel Christian Academy     | 120865 |
| <input type="checkbox"/> Faith Islamic                  | 143248 |
| <input type="checkbox"/> GSELC/SCOPE                    | 11381  |
| <input type="checkbox"/> Holy Family                    | 57513  |
| <input type="checkbox"/> Imagine Leadership (1st-6th)   | 14121  |
| <input type="checkbox"/> Imagine Akron Academy (KG)     | 11947  |
| <input type="checkbox"/> Immaculate Heart of Mary       | 57232  |
| <input type="checkbox"/> Julie Billiant of St Sebastian | 16974  |
| <input type="checkbox"/> Lake Center Christian          | 64915  |
| <input type="checkbox"/> Main Street Preparatory        | 14066  |
| <input type="checkbox"/> Mayfair Christian Academy      | 54171  |
| <input type="checkbox"/> Middlebury Academy             | 134213 |
| <input type="checkbox"/> Our Lady of The Elms (KG-8th)  | 56937  |
| <input type="checkbox"/> Old Trail                      | 60848  |
| <input type="checkbox"/> Redeemer Christian Academy     | 60368  |
| <input type="checkbox"/> S.U.P.E.R. Learning Center     | 10582  |
| <input type="checkbox"/> Spring Garden Waldorf          | 96693  |
| <input type="checkbox"/> St. Anthony of Padua           | 56994  |
| <input type="checkbox"/> St. Augustine                  | 57182  |
| <input type="checkbox"/> St. Francis de Sales           | 57018  |
| <input type="checkbox"/> St. Hilary                     | 57034  |
| <input type="checkbox"/> St. Joseph—Cuyahoga Falls      | 57240  |
| <input type="checkbox"/> St. Joseph—Mogadore            | 60012  |
| <input type="checkbox"/> St. Mary                       | 57067  |
| <input type="checkbox"/> St. Matthew                    | 57075  |
| <input type="checkbox"/> St. Sebastian                  | 60962  |
| <input type="checkbox"/> St. Vincent de Paul            | 57109  |
| <input type="checkbox"/> STEEL Academy                  | 14927  |
| <input type="checkbox"/> Summit Academy Elementary      | 133587 |
| <input type="checkbox"/> Summit Academy Middle          | 132779 |
| <input type="checkbox"/> Summit Christian School        | 96966  |
| <input type="checkbox"/> The Lippman School             | 65722  |
| <input type="checkbox"/> Total Education Solutions      | 17448  |
| <input type="checkbox"/> University Academy             | 14063  |

OTHER: \_\_\_\_\_

**\*For School Year: 20\_\_\_/20\_\_\_ (REQUIRED)**

**The following information is REQUIRED:**

**1st Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**2nd Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**3rd Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**4th Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**All information below is REQUIRED to be completed by the requestor:**

**Parent/Guardian Information**

(If married **AND** residing together, both names **must** appear on form)

**Alternate Transportation Information**

**Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Legal Guardian?** \_\_\_ Yes \_\_\_ No

**Custody** \_\_\_ Yes Case Number: \_\_\_\_\_

\_\_\_ Divorced/Residential \_\_\_ Court-Placed \_\_\_ No

**Address:** \_\_\_\_\_

**Apt. \_\_\_ City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**All-Call Number:** \_\_\_\_\_

**First Contact Number:** \_\_\_\_\_

By signing 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.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature of Requestor Date

**Office Use ONLY:** \_\_\_ MKV \_\_\_ Apprv \_\_\_ DMILE \_\_\_\_\_ OTH \_\_\_\_\_