



REQUEST FOR TRANSPORTATION

NAME OF SCHOOL: _____ SCHOOL YEAR: _____

OFFICE USE ONLY

| | |
|--|-------|
| STUDENT FIRST AND LAST NAME (LEGAL NAME) | |
| D.O.B. | _____ |
| GRADE | _____ |
| STUDENT FIRST AND LAST NAME (LEGAL NAME) | |
| D.O.B. | _____ |
| GRADE | _____ |
| STUDENT FIRST AND LAST NAME (LEGAL NAME) | |
| D.O.B. | _____ |
| GRADE | _____ |
| STUDENT FIRST AND LAST NAME (LEGAL NAME) | |
| D.O.B. | _____ |
| GRADE | _____ |
| STUDENT FIRST AND LAST NAME (LEGAL NAME) | |
| D.O.B. | _____ |
| GRADE | _____ |

| | |
|------------------------|------------------------|
| 1) | |
| Student ID: | Tarta Card Issued? Y N |
| Distance: | Replacement? Y N |
| Parental Contract? Y N | Card # |
| Verified By: | Date: |
| 2) | |
| Student ID: | Tarta Card Issued? Y N |
| Distance: | Replacement? Y N |
| Parental Contract? Y N | Card # |
| Verified By: | Date: |
| 3) | |
| Student ID: | Tarta Card Issued? Y N |
| Distance: | Replacement? Y N |
| Parental Contract? Y N | Card # |
| Verified By: | Date: |
| 4) | |
| Student ID: | Tarta Card Issued? Y N |
| Distance: | Replacement? Y N |
| Parental Contract? Y N | Card # |
| Verified By: | Date: |
| 5) | |
| Student ID: | Tarta Card Issued? Y N |
| Distance: | Replacement? Y N |
| Parental Contract? Y N | Card # |
| Verified By: | Date: |

PARENT/GUARDIAN NAME: _____
PHONE NUMBER: _____
ADDRESS/ZIP: _____

I HAVE RECEIVED A PAYMENT IN LIEU FOR THE PREVIOUS YEAR YES NO

PARENT SIGNATURE: _____
PARENT/GUARDIAN MUST COMPLETE FORM FOR STUDENT(S) REQUESTING TRANSPORTATION

TOLEDO PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
5600 HILL AVE.
TOLEDO, OHIO 43615

PHONE NUMBER: 419-671-8541
FAX NUMBER: 419-671-8553

PLEASE SUBMIT THIS FORM NO LATER THAN SEPTEMBER 30