



REQUEST FOR TRANSPORTATION

NAME OF SCHOOL: _____ SCHOOL YEAR: _____

OFFICE USE ONLY

STUDENT FIRST AND LAST NAME (LEGAL NAME) <hr/> D.O.B. _____ GRADE _____	1) Student ID: _____ Tarta Card Issued? <input type="checkbox"/> Y <input type="checkbox"/> N Distance: _____ Replacement? <input type="checkbox"/> Y <input type="checkbox"/> N Parental Contract? <input type="checkbox"/> Y <input type="checkbox"/> N Card # _____ Verified By: _____ Date: _____
STUDENT FIRST AND LAST NAME (LEGAL NAME) <hr/> D.O.B. _____ GRADE _____	2) Student ID: _____ Tarta Card Issued? <input type="checkbox"/> Y <input type="checkbox"/> N Distance: _____ Replacement? <input type="checkbox"/> Y <input type="checkbox"/> N Parental Contract? <input type="checkbox"/> Y <input type="checkbox"/> N Card # _____ Verified By: _____ Date: _____
STUDENT FIRST AND LAST NAME (LEGAL NAME) <hr/> D.O.B. _____ GRADE _____	3) Student ID: _____ Tarta Card Issued? <input type="checkbox"/> Y <input type="checkbox"/> N Distance: _____ Replacement? <input type="checkbox"/> Y <input type="checkbox"/> N Parental Contract? <input type="checkbox"/> Y <input type="checkbox"/> N Card # _____ Verified By: _____ Date: _____
STUDENT FIRST AND LAST NAME (LEGAL NAME) <hr/> D.O.B. _____ GRADE _____	4) Student ID: _____ Tarta Card Issued? <input type="checkbox"/> Y <input type="checkbox"/> N Distance: _____ Replacement? <input type="checkbox"/> Y <input type="checkbox"/> N Parental Contract? <input type="checkbox"/> Y <input type="checkbox"/> N Card # _____ Verified By: _____ Date: _____
STUDENT FIRST AND LAST NAME (LEGAL NAME) <hr/> D.O.B. _____ GRADE _____	5) Student ID: _____ Tarta Card Issued? <input type="checkbox"/> Y <input type="checkbox"/> N Distance: _____ Replacement? <input type="checkbox"/> Y <input type="checkbox"/> N Parental Contract? <input type="checkbox"/> Y <input type="checkbox"/> 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