



REQUEST FOR TRANSPORTATION SERVICES-HIGH SCHOOL

THIS FORM IS ONLY ACCEPTED FOR STUDENTS ENROLLED IN GRADES 9-12. THIS FORM MAY ENTITLE YOU TO TRANSPORTATION SERVICES IN THE FORM OF A METRO BUS PASS SHOULD YOU MEET THE QUALIFICATIONS.

Date Rec: _____ Date App: _____ Date to METRO: _____ Date to School: _____	Business Affairs/METRO Attn: Merge Freeman 70 N. Broadway Street * Room 302 * Akron, OH 44308 Phone: (330) 761-2961 Fax: (330) 761-3224 <i>Paperwork may also be scanned to: mfreeman@apslearns.org</i>	POR: _____ TYPE: _____ DATE: _____ DENIED _____ REASON: _____ RESOLVED: _____
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****If you change schools, address, or custody, you must complete a NEW RFT and return with current POR (Proof of Residency).**

Please fill in and mark all that apply:

Date of Request: _____

For School Year: 2018-2019

Change of Address Application _____

Change of School Application _____

YOU MAY LIST UP TO 3 CHILDREN ON THIS FORM, AS LONG AS:

- a) **THEY RESIDE IN THE AKRON PUBLIC SCHOOL BOUNDARIES**
- b) **THEY RESIDE IN THE SAME HOUSEHOLD WITH PARENT/GUARDIAN**
- c) **ARE ENROLLED IN GRADE 9-12**
- d) **ATTEND THE SAME SCHOOL**

****ONLY ONE SCHOOL MAY BE LISTED PER APPLICATION. PLEASE MARK THE APPROPRIATE SCHOOL OF ATTENDANCE BELOW:**

- | | | |
|--|---|---|
| ☐ Akron Digital Academy | ☐ Archbishop Hoban High School | ☐ Cambridge Education Group |
| ☐ Cuyahoga Valley Christian Academy | ☐ Life Skills (Brittain Road) | ☐ Life Skills (Romig Road) |
| ☐ Our Lady of the Elms | ☐ St. Vincent-St. Mary High School | ☐ Schnee Learning Center |
| ☐ Steel Academy | ☐ Summit Academy Secondary | ☐ S.U.P.E.R. Learning Center |
| ☐ Towpath Trail High School | ☐ Walsh Jesuit High School | ☐ Other _____ |

Please print all information listed below:

Student Name: _____	Grade: _____	Birthdate: _____
Student Name: _____	Grade: _____	Birthdate: _____
Student Name: _____	Grade: _____	Birthdate: _____

APS Use only!

ID _____
ID _____
ID _____

The above-named student(s) reside/s at the following address **with** parent/guardian(s):

Parent/Guardian Name(s): _____

Relationship: _____ Legal Guardianship: ☐ Yes ☐ No ☐ Temp ☐ Permanent

Address: _____ Apt: _____

City: _____ OH Zip Code: _____ Phone Number: _____

Additional phone number(s): _____

By completing this form and turning it in to Business Affairs/METRO you agree to all the stipulations listed herein.

Parent/Guardian Signature: _____ **Date:** _____