



Akron Public Schools

REQUEST FOR TRANSPORTATION SERVICES

ALL HIGH SCHOOL STUDENTS

BUSINESS AFFAIRS/METRO DESK

ATTN: MERGE FREEMAN

10 N MAIN STREET, RM 100C

AKRON, OH 44308

PHONE: 330 761-2961

FAX: 330 761-2960

EMAIL: mfreeman@apslearns.org

METRO passes are for students in grades 9-12.

Non-public/Parochial/Charter applicants must provide Proof of Residency.

If you change schools, you must complete a new form.

Only one student per application, please.

PLEASE PRINT LEGIBLY:

DATE OF REQUEST: _____ STUDENT ID # _____

STUDENT'S SCHOOL: _____

STUDENT'S NAME: _____

GRADE: _____ BIRTHDATE: _____

PARENT/GUARDIAN NAME: _____

RELATIONSHIP: _____ LEGAL GUARDIANSHIP: YES NO

ADDRESS: _____

CITY: _____ OH ZIP: _____ EMAIL: _____

PHONE NUMBER: _____ ADDITIONAL NUMBER: _____

PARENT SIGNATURE: _____

*****PLEASE DO NOT WRITE BELOW THIS LINE*****

DATE RECEIVED: _____ DATE PROCESSED: _____ ELIGIBLE INELIGIBLE POR ATTACHED: TYPE: _____ DATE: _____ ENROLLMENT DATE _____

INELIGIBLE REASON:

 STUDENT PREVIOUSLY APPROVED APPLICATION # _____ DATE _____ REPLACED: ADDRESS ON APPLICATION DOES NOT MATCH ESCHOOL:ADDRESS IN ESCHOOL: _____ NOTIFY SCHOOL STUDENT RECEIVES VAN SERVICES APPLICATION WAS MISSING INFORMATION
 POR IS NOT VALID (MUST BE UTILITY BILL, CURRENT LEASE, BANK STATEMENT, PAY STUB, MEDICAL BILL, CREDIT CARD BILL, SOCIAL SECURITY LETTER OR JOB AND FAMILY SERVICES LETTER IN A PARENT OR GUARDIAN'S NAME DATED WITHIN 60 DAYS OF APPLICATION)