

REQUIRED FOR TRANSPORTATION CONSIDERATION

- Form request type **(MARK ONLY ONE TYPE)**
 - School of attendance **(MARK ONLY ONE SCHOOL)**
 - Student Name
 - Student Birthdate
 - Student Grade Level
 - Guardian and/or Alternate Transportation Party Name
 - Relationship to Student—**must notify of change**
 - Complete Address—**must notify of change**
 - Contact Number/s—**must notify of change**
 - Guardian Email—REQUIRED; **must notify of change**
- *Should you move, transfer schools, and/or change guardianship, you must complete a new RFT.*

APPLICABLE DOCUMENTATION

*** Proof Of Residency -**

Must be one of the following that is current, no more than 60 days old with visible statement/process date:

Bank Statement, Paystub, Billing Statement, Letter from Government or Legal Agency, Computerized Billing or Rental Receipt, Utility Bill or Turn On Notification, USPS Change of Address Confirmation Letter, Lease with Tenant & Landlord signatures, etc. **No Handwritten, mass mailers, or junk mail will be accepted.**

***Custody Information (if applicable)**

Must be court stamped and in its entirety

***Death Certificate of Guardian (if applicable)**

Must be legally issued from Department of Health

***Birth Certificate (if applicable)**

Strongly suggested to provide a birth certificate for **all incoming KG/new to school students** and /or students that **have never been enrolled** in Akron Public Schools for timely processing of your request

TRANSPORTATION CONTACT INFO

Akron Public Schools	330-761-1390 EXT 1
Petermann Bus Co.	330-761-1390 EXT 6
Transportation Services	330-761-2738

***APS is not responsible for providing transportation services for any student with an IEP marked as requiring transportation services. Please contact their school of attendance for transportation services.**

RFT GENERAL INFORMATION

- **Completion of this form does not guarantee eligibility for transportation services.** APS Transportation Department determines eligibility.
 - **Must reside within the Akron Public School District! Not eligible for out-of-district students.**
 - For **consideration** of Transportation Services only
 - May list up to 4 students on this form
 - Only **one** school may be listed per form
 - Must be from a residential, **not business address**, and reside **over 2.0 miles** from school of attendance
 - Must be within 30 min or less travel time by bus
 - **Required yearly** and/or any time there are changes in school, address, and/or guardianship
- Must be turned in **no later than July 1st** at the beginning of school year for transportation service when school starts; preferably by June 1st of the previous school year.
- May be submitted year-round once school is in session
 - **Late entry of RFT (after July 20th - October 1st)** at the beginning of the school year may result in a **10-14 business day delay** in processing (*not counting holidays and weekends*)
 - Payment-in-Lieu eligibility is at the sole discretion of Akron Public Schools.
 - Denial letters for missing documentation or change in status will be mailed to residence on file
 - Can re-apply at any time
 - Schools will provide routing information once approved

BUS STOP INFORMATION

- **Stops may be up to 1/2 mile from residence**
- Students must be at stop 5 minutes prior to scheduled pick-up time to assure timely operation
- Buses will not wait for students for more than **1 min** from normally scheduled departure time
- KG & 1st grade students must be accompanied at stop location by an adult
- Services will be cancelled after 15 school days of inactivity
- When Akron Public Schools is closed for inclement weather, no transportation services will be provided.



**Akron Public
Schools®**

Request For Transportation Services Form

2023-2024

**For Charter, Parochial &
Non-Public School Students
Grades KG—8th only**

Schools are not required to submit this form to the APS Transportation Department!

***Legal Guardians are required to complete and return this form with required documentation to Akron Public Schools for consideration of transportation services.**

This form is NOT intended for students attending any Akron Public School or students attending any High School. Guardians of High School Students in Grades 9th—12th in any school type must contact Merge Freeman for a Metro bus pass at (330) 761-2961 or mfreeman@apslearns.org.

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

RETURN TO : (via mail or in person)

Akron Public Schools
Student Services /Transportation, Rm 513
10 North Main Street, Akron, OH 44308

EMAIL: transrft@apslearns.org

****Schools are not required to complete nor turn this form in to APS**

Akron Public Schools provides a variety of transportation services to our community. We offer transportation services via an APS yellow bus, a contracted yellow bus provider, or a stipend, called payment-in-lieu, for parent/s transporting their student/s when necessary.

Akron Public Schools Transportation Department is solely responsible for deciding who is eligible for the payment-in-lieu stipend. A request cannot be made to solely receive payment-in-lieu instead of riding a yellow bus should a bus be available.

Akron Public Schools is not responsible for providing transportation services for scholarship students or any student with an IEP marked as requiring transportation services. For these situations, please contact your student's school of attendance.

Form Types☐ **Updated/New Student**

*Requires submission of the following items or there will be a denial or delay in transportation services:

- ☒ **Current, Visibly Dated Proof of Residency**
- ☒ **Copy of Birth Certificate Highly Suggested**
(may delay processing without birth certificate)

- ◆ New to School, Moved, or Changed Address
- ◆ New to Transportation Services/Never received services for **this school year**
- ◆ Change of Custody/Guardianship

☐ **Renewal With No Changes**

*Renewal means the student received transportation services the entire previous school year (2022/2023) with no changes, including from the exact same residential address and same school of attendance

- ◆ At Same School as previous year
- ◆ At Same Address as previous year
- ◆ Same Guardian as previous year

Optional Transportation Routing Options

- ☐ I am requesting **AM & PM** service
- ☐ I am requesting **AM pick-up ONLY**
- ☐ I am requesting **PM drop-off ONLY**
- ☐ I am refusing/do not want to be given any type of transportation services, including payment-in-lieu reimbursement and/or physical yellow bus service.

By refusing transportation services, I realize that **no form of service will be provided to me/my student including payment for transporting my student.** I choose to transport my student on my own. Should I change my mind, I will need to reapply for services in the future.

****Not for Students attending APS or High Schools******Mark only ONE SCHOOL****2023/2024**

<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"/> Case Preparatory Academy	19221
<input type="checkbox"/> Cornerstone Community	134460
<input type="checkbox"/> CVCA Christian	67611
<input type="checkbox"/> Eagle Elementary	12627
<input type="checkbox"/> Edge Academy	133538
<input type="checkbox"/> Emmanuel Christian Academy	120865
<input type="checkbox"/> Faith Islamic	143248
<input type="checkbox"/> GSELCO/SCOPE	11381
<input type="checkbox"/> Holy Family	57513
<input type="checkbox"/> Imagine Leadership (1st-6th only)	14121
<input type="checkbox"/> Imagine Akron Academy (KG only)	11947
<input type="checkbox"/> Immaculate Heart of Mary	57232
<input type="checkbox"/> Julie Billiart of St Sebastian	16974
<input type="checkbox"/> Lake Center Christian	64915
<input type="checkbox"/> Main Preparatory Academy	14066
<input type="checkbox"/> Mayfair Christian School	54171
<input type="checkbox"/> Middlebury Academy	134213
<input type="checkbox"/> Our Lady of The Elms (KG-8th only)	56937
<input type="checkbox"/> Old Trail	60848
<input type="checkbox"/> Redeemer Christian School	60368
<input type="checkbox"/> S.U.P.E.R. Learning Center	10582
<input type="checkbox"/> Spring Garden Waldorf School	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—Mogadore	60012
<input type="checkbox"/> St. Mary	57067
<input type="checkbox"/> St. Sebastian	60962
<input type="checkbox"/> St. Vincent de Paul	57109
<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

OTHER: _____

All of the information below is **REQUIRED** to be completed and legible by the **ADULT LEGAL GUARDIAN** requesting transportation services for their student/s.

(NOTE: If requestor is **married and residing together**, **BOTH** names **must** appear on this form or requestor may be considered a single parent and may require additional custody documentation and/or cause a delay in processing)

1st Student: _____

DOB: _____ Grade: _____ [FOR OFC USE ONLY]

2nd Student: _____

DOB: _____ Grade: _____ [FOR OFC USE ONLY]

3rd Student: _____

DOB: _____ Grade: _____ [FOR OFC USE ONLY]

4th Student: _____

DOB: _____ Grade: _____ [FOR OFC USE ONLY]

***Name: of Legal Guardian(s)/Adult (s) requesting service:**

***Relationship to Student:** _____

***Legal Guardian?** ___ Yes ___ No ***Custody** ___ Yes ___ No

Court Case Number: _____

___ Divorced/Residential ___ Court-Placed

***Address:** _____

***Apt.** _____ ***City:** _____ **OH** ***Zip:** _____

***Guardian Email:** _____

(Email is required to received routing information)

***All-Call Number:** _____

***First Contact Number:** _____

By signing and dating this form (required), I agree that I have read and agree to the stipulations listed.

Furthermore, I am requesting consideration for transportation services for the above-named student/s. I realize that completion of this formal request **DOES NOT GUARANTEE** transportation services for my student/s.

X _____ X _____

SCH USE ONLY: ___ MKV

APS USE ONLY: DBCER ___ DIPOR ___ DCUST ___ DRIFT ___ DMISC /DDIST _____