TRANSPORTATION REQUEST FORM

Purpose of Request: ☐ Returning Student ☐ New Student ☐ Address Change (requires proof of residency)
☐ Network Transfer
From School:_____ to School: _____
☐ Other (state purpose): _____

School/Campus:
☐ Akron Preparatory
☐ Broadway Academy
☐ Chapelside Academy
☐ Cleveland College Preparatory
☐ East Academy
☐ Euclid Preparatory
☐ Lake Erie Preparatory
☐ Lincoln Park Academy
☐ NE Ohio College Preparatory K-8
☐ NE Ohio College Preparatory High School
☐ Ohio College Preparatory
☐ University of Cleveland Preparatory
☐ West Park Academy
☐ Other (please specify): _____

Full Name of Parent/guardian: _____ Date of Request: _____

Home Address: _____

City/State/Zip: _____

Student Name	**Date of Birth**	**Gender**	**Grade**
1.			
2.			
3.			
4.			
5.			

Closest Intersection/Cross Street to your home: _____

☐ Yes, My student(s) **will** use the Yellow Bus Transportation provided by ACCEL Schools.
☐ No My student(s) **will not** use the Yellow Bus Transportation provided by ACCEL Schools. I assume all responsibility in transporting my student(s) to and from school each day.

Please Note: If you move during the School Year, a new Transportation Form must be filled out to change your route stop. Please allow five (5) Business Days for Processing.

COMPLETING THIS FORM DOES NOT GUARANTEE TRANSPORTATION

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Date Reviewed: _____ Date Completed: _____ PowerSchol Updated: _____
Request Status: ☐ Approved ☐ Declined ☐ Waitlist

Bus Information: Route: _____ Stop: _____ Start Date: _____
Denial Reason: ☐ Live within 1 mile or greater than 5 miles of school ☐ Bus stop unavailable
☐ Other: _____