



REQUEST FOR TRANSPORTATION

NAME OF SCHOOL: _____ SCHOOL YEAR: _____

OFFICE USE ONLY

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