TPS PROUD

TRANSPORTATION REQUEST & EMERGENCY CONTACT FORM for CHARTER & NON-PUBLIC – School Year 25-26

*In accordance with OAC 3301-83-08 (C) (16), it is required for each student to have a completed emergency contact form. Without this form, no student will be permitted to ride a school bus. In the event you move, a new form will need to be completed before any request will be processed. This will also serve as the initial transportation request, which will need to be completed and returned to TPS Transportation.

(Incomplete/non-legible forms will not be accepted)

STUDENT INFORMATION & EMERGENCY CONTACTS (PLEASE PRINT & COMPLETE FORM IN ITS ENTIRETY)

(NOTE: Only 1 student name per form. Forms containing more than 1 student name will be returned for correction)

School of Attendance: _____ Grade: _____

Student Name: _____ Date of Birth: _____

Required Fields: Gender: _____ Race_____

Home Address: _____ Apt#: _____ Zip Code _____

Parent/Guardian Name: _____ Relation to Student: _____

Home#: _____ Cell #: _____ Work #: _____

EMAIL Address: _____

(Must list 2 Emergency Contacts OTHER than parent/guardian listed above)

Emergency Contact 1 (Name) _____ Relation to student: _____ Phone#: _____

Emergency Contact 2 (Name) _____ Relation to student: _____ Phone#: _____

Please list any medical conditions, current medications or serious allergies transportation needs to be aware of _____

_____

INFORMATION NEEDED FOR BUS STOP ASSIGNMENT

What transportation is needed? (indicate with "X") **Both AM & PM** _____ **AM ONLY** _____ **PM ONLY** _____
***The address you listed may not be the actual stop. Student(s) may be assigned to the nearest existing stop.**

(YES or NO) _____ (Initial Only) In the event of an emergency, I agree for my child to be treated by emergency medical personnel.

(YES or NO) _____ (Initial Only) I was provided Bus Rules and Eating & Drinking notices to go over with my student.

(YES or NO) _____ (Initial Only) I authorize my kindergarten/1st grade student to be released by bus driver without a parent, guardian or other family member present and will not hold **Trinity Transportation or TPS,** including any of their employees of any liabilities that may occur after my student has been released. ***(It is the parent's responsibility to be present for the dismissal of their student and not a requirement by Ohio State law. However, this is a service we provide to ensure the safety of your kindergarten/1st grade student only, unless authorized by a parent/guardian. Any student that is 2nd grade and above may be released).***

***Signature:** _____ **Date** _____

********PLEASE SUBMIT VIA EMAIL, PHYSICAL ADDRESS OR FAX********

TOLEDO PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
5600 HILL AVE.
TOLEDO, OH 43615

PHONE NUMBER: 419-671-8541
FAX NUMBER: 419-671-8553
EMAIL ADDRESS: TRANSPORTATIONREQUEST@TPS.ORG

OFFICE USE ONLY

STUDENT # _____ **DATE** _____
DISTANCE _____