







City of Cape Coral Charter School Authority Transportation Request Form 2017-18

Our school system offers **limited bus service** for students who live outside a 2-4 mile radius of the school. The bus transportation provided is designed in accordance with Lee County transportation guidelines. Routes, pick-up and drop-off times and locations will be developed prior to the start of school. <u>Parents will receive notification of their student's bus assignment when it becomes available.</u>

Please PRINT all information, using one application per family, per school when possible.

COMPLETING THIS FORM DOES NOT GUARANTEE THAT YOUR CHILD(REN) WILL RECEIVE TRANSPORTATION FOR THE UPCOMING SCHOOL YEAR.

New Rider yes	/no	Previo	ous Rider yes_	/no	
I am requesting busing to/from (Please check only one box – separa		sed for	different schools)	
☐ Christa McAuliffe (4151) ☐	Oasis ES (4143)	☐ Oa	ısis MS (4171)	☐ Oasis HS (4181)	
Student Name	<u></u> Gr	ade	Gender	Birth Date	
Student Name	Gr	ade	Gender	Birth Date	
Student Name	Gr	ade	Gender	Birth Date	
Student Name	Gr	ade	Gender	Birth Date	
Home Address (Bus stops are assign	ned based on the resid	ential add	dress on file)	Apt #	
Home Phone	ome Phone Cell Phone		Alternate Phone		
Parent/Legal Guardian Name			Date	_	
TO BE COMPLETED BY SCHOOL:	<u> </u>				
REC: Date Received:	Bus requeste	d entere	ed in database 🗆	1	
IS: Address Verified ☐ date t	to TC				
TC: Date Faxed to LC	Date Faxed to LC Assigned to stop \Box				
REC : Stop info entered in database	Notified pa	rents on	1		