



Dear Parents.

It is the time of year that we start planning for next year's enrollment!! Please indicate if you are or are not planning on your child attending the Edge Academy for the 2019/2020 school year.

\_\_\_\_ **Yes**, (child's name) \_\_\_\_\_ will be attending the Edge Academy for the 2019/2020 school year.

\_\_\_\_ **No**, (child's name) \_\_\_\_\_ will not be attending the Edge Academy for the 2019/2020 school year.

I understand that by saying no my child will be taken off the class roster.

Your child will automatically be removed from the class roster if this form is not returned by March 22, 2019.

**PLEASE FILL OUT ATTACHED BUS FORM IN ORDER TO HAVE BUSSING FOR THE 2019/2020 SCHOOL YEAR!! CHECK OPT OUT PLEASE, IF NO TRANSPORTATION IS NEEDED. Also Please provide a new proof of residency dated after March 1<sup>st</sup>, 2019.**

Parent/Guardian signature \_\_\_\_\_

### Attention Parents

When filling out the bus form, please use the following options.

- Updated/New student needs checked if – student is new to our school, student has never been bussed, student has a new address or student has a change in guardianship.
- Renewal with no changes needs checked when your student has the same address, school and guardianship as previous year

If your student will not be riding the bus to our from school, we still need the form completed and check the option “Opt out of all transportation services”

## REQUIRED ITEMS FOR COMPLETION

- Form request type (only 1 type)
- School of attendance (only 1 school)
- Student Name
- Student Birthdate
- Student Grade Level
- Guardian Name
- Guardian Relationship
- Complete Address
- Contact Number/s

## APPLICABLE DOCUMENTATION

### \* **Proof Of Residency** -

**Must be current, no more than 60 days old**

*Can be One of the following:*

Bank Statement, Paystub, Billing Statement, Letter from Government or Legal Agency, Lease, Computerized Rental Receipt, Utility Bill or Turn On Notification, USPS Change of Address Confirmation Letter

### \* **Custody Information** (if applicable)

Must be court stamped and in its entirety

### \* **Birth Certificate** (if applicable)

Suggested for all new students and students that have never been enrolled in Akron Public Schools to enable quick processing of request

### **Transportation Contact Info:**

Akron Public Schools	330-761-1390
Petermann Bus Co.	330-773-4222
Central Registration/ Transportation	330-761-2738

**\*\*NOTE: Schools are not responsible for the completion of this form nor submitting this form to Akron Public Schools**

## RFT GENERAL INFORMATION

- Must reside within the Akron Public School District
- Yellow Bus transportation service only
- May list up to 4 students on this form
- Only **one** school may be listed per form
- Must reside over 2.0 miles from school of attendance
- Must be under 30 min travel time
- Required yearly and/or any time there are changes in school, address, and/or guardianship
- Must be turned in 4 weeks prior to school starting at the beginning of school year for transportation service when school starts
- May apply year-round once school is in session
- Late entry at beginning of school year may cause a 10-15 day delay in processing (not counting holidays and weekends)
- Payment-in-Lieu is at the discretion of Akron Public Schools.
- Denial letters mailed to residence
- Can re-apply at any time

## BUS STOP INFORMATION

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

# Request For Transportation

For Charter, Parochial, and  
Non-Public Schools

Grades KG—8th only



**Akron Public  
Schools®**

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

**Choose only one for this form:**

**Updated/New Student**

- New to School
- New to Transportation Services
- Change of Address
- Change of Guardianship

**Renewal With No Changes**

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

**Alternate Transportation**

- Service To Another Residential Address

**Required for Alternate Transportation:**

- Updated/New Student form for home residence
- Current Proof of Residency for home residential residence
- Alternate Transportation form for other residential address
- Current Proof of Residency for other residential address
- Notarized Letter Requesting Transportation from other residential address
- Notarized Letter Signed by Residential Guardian **AND** Other Residential Party

**NOTE: Alternate Transportation is at the sole discretion of Akron Public Schools. We are not legally required to provide transportation from any residence other than home residence. Alternate Transportation is not guaranteed. The home residence must qualify for transportation services before alternate transportation services would be considered.**

**I am choosing to opt out of ALL transportation services, including payment-in-lieu. I may reapply at another time.**

**RETURN TO:**

The Edge Academy  
Shannon Bennett  
92 N. Union St  
Akron, Ohio 44304  
Fax 330.535.5074  
bennett@edge4kids.org

**Choose only ONE SCHOOL for this form:**

<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"/>	Cornerstone Community	134460
<input type="checkbox"/>	CVCA Christian	67611
<input type="checkbox"/>	Edge Academy	133538
<input type="checkbox"/>	Emmanuel Christian Academy	120865
<input type="checkbox"/>	Faith Islamic	143248
<input type="checkbox"/>	GSEL/SCOPE	11381
<input type="checkbox"/>	Holy Family	57513
<input type="checkbox"/>	Imagine Leadership (1st-6th)	14121
<input type="checkbox"/>	Imagine Akron Academy (KG)	11947
<input type="checkbox"/>	Immaculate Heart of Mary	57232
<input type="checkbox"/>	Julie Billiard of St Sebastian	16974
<input type="checkbox"/>	Lake Center Christian	64915
<input type="checkbox"/>	Main Street Preparatory	14066
<input type="checkbox"/>	Mayfair Christian Academy	54171
<input type="checkbox"/>	Middlebury Academy	134213
<input type="checkbox"/>	Our Lady of The Elms (KG-8th)	56937
<input type="checkbox"/>	Old Trail	60848
<input type="checkbox"/>	Redeemer Christian Academy	60368
<input type="checkbox"/>	S.U.P.E.R. Learning Center	10582
<input type="checkbox"/>	Spring Garden Waldorf	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—Cuyahoga Falls	57240
<input type="checkbox"/>	St. Joseph—Mogadore	60012
<input type="checkbox"/>	St. Mary	57067
<input type="checkbox"/>	St. Matthew	57075
<input type="checkbox"/>	St. Sebastian	60962
<input type="checkbox"/>	St. Vincent de Paul	57109
<input type="checkbox"/>	STEAM Academy	12627
<input type="checkbox"/>	STEEL Academy	14927
<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
<input type="checkbox"/>	University Academy	14063

OTHER: \_\_\_\_\_

**\*For School Year: 20 \_\_\_/20 \_\_\_ (required)**

**The following information is REQUIRED:**

**1st Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**2nd Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**3rd Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**4th Student:** \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ [\_\_\_\_\_]

**All information below is required to be completed:**

**Parent/Guardian Information**

(If married **AND** residing together, both names **must** appear on form)

**Alternate Transportation Information**

**Name:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Legal Guardian?** \_\_\_ Yes \_\_\_ No

**Custody** \_\_\_ Yes Case Number: \_\_\_\_\_

\_\_\_ Divorced/Residential \_\_\_ Court-Placed \_\_\_ No

**Address:** \_\_\_\_\_

**Apt.** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**All-Call Number:** \_\_\_\_\_

**First Contact Number:** \_\_\_\_\_

**By signing this (required), I agree that I have read and agree to the stipulations listed. Further, I am requesting consideration for transportation services for the above-named student/s.**

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Requestor Date

**Office Use ONLY:** \_\_\_ MKV \_\_\_ Apprv \_\_\_ DMILE \_\_\_\_\_ OTH \_\_\_\_\_