

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

School/Campus: [] Akron Preparatory [] Broadway Academy [] Buckeye Prep Academy [] Chapelside Cleveland Academy [] Cleveland Arts & Social Science [] Cleveland College Prep [] Cleveland Prep Academy [] East Academy [] Euclid Preparatory [] HOPE Northcoast Academy [] HOPE Northwest Academy [] Lake Erie Preparatory [] Lincoln Park Academy [] Lorain Bilingual Academy [] Lorain Preparatory Academy [] NE Ohio College Prep [K-8] [] NE Ohio College Prep [9-12] [] Ohio College Preparatory [] STEAM of Warrensville Heights [] University of Cleveland Preparatory [] West Park Academy [] Winton Prep Academy [] Wright Prep Academy [] Other (please specify): _____

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

Home Address: _____ Home Phone: _____

City/State/Zip: _____ Emergency Phone: _____

Table with 5 columns: Student Name, Date of Birth, Gender, Grade, SSID. Rows 1-5.

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: _____