



## REQUEST FOR SCHOOL VAN TRANSPORTATION TRANSPORTATION DEPARTMENT

School van transportation may be provided to students who meet our Transportation Zoning.

Please note that we may not cover your area, so students may be assigned a Pickup/ Drop off location nearest to you. Please carefully read the information in the last paragraph and then complete all of the information requested on this form. Sign, date and submit it directly to the Central Christian Transportation Department, 5503 N Hiawasse Rd Bldg. B, Orlando, FL 32818. The school can provide you with a "Statement of Guidelines for Transportation Services" upon request.

*Completed forms must be returned to Central Christian Academy Transportation Department 5 days prior to the first day of school.*

**IF THIS IS A REQUEST FOR ADDRESS CHANGE ONLY PLACE AN "X" IN THIS BLOCK.**

**Student(s) Information (Please Print Legibly)**

\_\_\_\_\_  
Name (Last, First, Middle) Grade \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle) Grade \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle) Grade \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street Address City Zip Code

EMAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN (Print full name) \_\_\_\_\_

MORNING PICK UP: \_\_\_\_\_ AFTERNOON DROP OFF \_\_\_\_\_

ALTERNATE ADDRESS \_\_\_\_\_

(If this is a childcare facility, include the name, address and telephone number of the facility)

By signing below, I make application for transportation services as outlined above and in the accompanying guidelines.

I attest that the home address listed above is the true residence of the student(s) named above. I understand that I/we are obligated to file a new application if we change any of the above addresses. I also understand the rules for safe van riding and accept the responsibility to ensure my child(ren) understand and abide by those rules.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date