



Central Christian Academy

REQUEST FOR SCHOOL VAN TRANSPORTATION

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 Pick-Up/Drop-off location nearest to you.
- Please read the information in the last paragraph and then complete all 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 the 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)

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Home Phone: _____ Work Phone: _____

Student's Home Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Parent/Guardian 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 an 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.

Parent/Guardian Signature: _____ **Date:** _____