

Please complete this form to request yellow bus transportation. If you move during the school year, a new Transportation Request Form must be completed. Please allow five (5) Business Days for processing. Completing this form does not guarantee transportation service.

Date of Request: _____

Check the description that best fits your situation:

- New student, requesting for the first time
- Transferring from another ACCEL School. Name of school: _____
- Change of Address, requesting service to a new address
- Returning student, requesting service at same address as prior year
- Returning student, requesting service at new address
- Other: _____

School/Campus:

- | | |
|--|--|
| <input type="checkbox"/> Broadway Academy [K-7] | <input type="checkbox"/> Lincoln Park Academy [K-5] |
| <input type="checkbox"/> Broadway Academy – Mt. Pleasant [K-8] | <input type="checkbox"/> Lincoln Park Academy [6-8] |
| <input type="checkbox"/> Cleveland Arts & Social Science Academy [K-8] | <input type="checkbox"/> Northeast Ohio College Prep [K-8] |
| <input type="checkbox"/> Cleveland College Prep [K-8] | <input type="checkbox"/> Northeast Ohio College Prep [9-12] |
| <input type="checkbox"/> Cleveland College Prep [K-8] | <input type="checkbox"/> Ohio College Preparatory [K-8] |
| <input type="checkbox"/> East Academy [K-8] | <input type="checkbox"/> Parma Academy [K-3] |
| <input type="checkbox"/> Euclid Preparatory [K-8] | <input type="checkbox"/> STEAM of Warrensville Heights [K-8] |
| <input type="checkbox"/> HOPE Academy - Northcoast [K-8] | <input type="checkbox"/> University of Cleveland Prep [K-8] |
| <input type="checkbox"/> HOPE Academy - Northwest [K-8] | <input type="checkbox"/> West Park Academy [K-8] |
| <input type="checkbox"/> Lake Erie Preparatory [K-8] | |
| <input type="checkbox"/> Other (please specify): _____ | |

- Service Type:**
- Both To & From School
 - To School (AM Only)
 - From School (PM Only)

Family & Home Information:

Parent/Guardian First & Last Name			
Home Address			
City, State, Zip			
Primary Phone Number			
Emergency Phone Number			
Student First & Last Name(s)	Date of Birth	Gender	20-21 Grade
1.			
2.			
3.			
4.			
5.			

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT			
Date Reviewed: _____	Date Completed: _____	PowerSchool Updated: _____	SSID: _____
Request Status: <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Waitlist			
Bus Information: Route: _____ Stop: _____ Start Date: _____			
Denial Reason: <input type="checkbox"/> Live within 1 mile or greater than 5 miles of school <input type="checkbox"/> Bus stop unavailable <input type="checkbox"/> Other: _____			