Application Form

Access Services

Parents with Disabilities Program

Parent or Legal Guardian Information:

Guardian #1:

Access I.D. Number: \_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child/children\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian #2:

Access I.D. Number: \_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child/children\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If legal guardian, and not parent, customer may be asked to provide proof of legal status.

Child/Children Information:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

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Trip Information:

Please fill out the location(s) and frequency for the trips you intend to make with your child while using the Parents with Disabilities Program.

**School**

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start / End Times:

Mon: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Tue: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Wed: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Thu: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Fri: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Sat: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Sun: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Other Travel Destination (i.e. different school location) (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start / End Times:

Mon: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Tue: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Wed: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Thu: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Fri: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Sat: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Sun: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

\*For Additional Travel Destinations, please write on separate page.

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Verification:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information that I have provided is true to the best of my knowledge.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**