



# MCESA

## Maricopa County Education Service Agency

### Application for Transportation Aid

Please **print** the following information. *Incomplete applications will be returned and will not be processed until completed.* Please submit only one application per school year unless information changes. Thank you!

County Vendor Number & Name: \_\_\_\_\_

Name of Driving Parent: \_\_\_\_\_

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

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

Parcel Number(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_

Child's residence while attending school: \_\_\_\_\_

If different from parent's address, please explain: \_\_\_\_\_

How far will the child live from the nearest school? \_\_\_\_\_

What is the distance to the nearest school bus stop? \_\_\_\_\_

Will you be sharing the driving responsibilities with other families? \_\_\_\_\_

If so, please provide the name(s) of other parent driver(s): \_\_\_\_\_

(Use other side if more space needed)

Child(ren) being transported:

Name	Age	Grade	School Name & Address
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I do affirm that the above information is true and correct.**

Driving Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness/Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature) Date: \_\_\_/\_\_\_/\_\_\_

School Principal: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature) Date: \_\_\_/\_\_\_/\_\_\_