



MTA Customer Service
 1401 South Dort Hwy. Flint, MI 48503
 810-767-0100

Mass Transportation Authority

Transportation Request For Peak Service (2015-2016)

PARENT: Fill in information and return to school

SCHOOL: Enter information into Excel spreadsheet and forward to ORRP@mtaflint.org

Date _____

Name of School _____

(Please put name of school on this line)

Parent Name _____

Home Phone _____

Cell Phone _____

Address _____

City _____

Zip _____

(Address Change?): YES NO

<> Please list ALL children utilizing this service on one form <>

Students First and Last name DOB Grade

Students First and Last name DOB Grade

Students First and Last name DOB Grade

Students First and Last name DOB Grade

Students First and Last name DOB Grade

Students First and Last name DOB Grade

If your child is in Pre-K or Kindergarten, please check a.m. or p.m. time: **A.M.** _____ **P.M.** _____

Nearest Intersection To PICK-UP Address: _____

Nearest Intersection To DROP-OFF Address: _____

If you used a bus stop last school year, please give location: _____

*** For MTA Office Use Only ***

A.M. Route #: _____

P.M. Route #: _____

A.M. Bus Stop: _____ Time: _____

P.M. Bus Stop: _____ Time: _____