



Miami-Dade County Public Schools  
Office of School Operations, Teenage Parent (TAP) Program

Transportation Request Form

Attention: \_\_\_\_\_ Date: \_\_\_\_\_

Fax#: \_\_\_\_\_

From: \_\_\_\_\_

**In order to request transportation for the TAP Program, complete the information below  
and fax it to your school's transportation routing specialist.  
Please verify that the user's address in F SIS is current and accurate**

Submitting School: \_\_\_\_\_

School Location #: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child: \_\_\_\_\_ ID#: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Day Care Center: \_\_\_\_\_

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

**If a car seat is needed, please contact the TAP Office at 305-636-7356**