



TIMES² Academy
 50 Fillmore Street
 Providence, RI 02908

RIPTIX Request form SY 2021-22
 (Solicitud de RIPTIX 2021-221
 (Grades/Grado 9 - 12)

Please use this form if you need to request RIPTIX for use to and from school using RIPTA bus transportation for your child. The mileage requirement for RIPTIX allocation is living at least 2 miles or more from the school.

Utilice este formulario si necesita solicitar RIPTIX para usarlo desde y hacia la escuela usando el transporte de autobús RIPTA para su hijo/a. El requisito de millaje para la asignación de RIPTIX es vivir al menos 2 millas o más de la escuela.

Parent/Guardian Name: _____
 (Nombre del Padre/ Tutor)

Current phone number: _____
 (Número de teléfono)

Student's Name: _____ Grade: _____
 (Nombre del Estudiante) (Grado)

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Current Address: _____
 (Dirección Actual)

Additional Comments: _____
 (Comentarios)

Parent/Guardian Signature _____ Date: _____
 (Firma del Padre /Tutor) (Fecha:)

Main Office Use ONLY

Date received: _____

Received by: _____

Processed date: _____

Effect date: _____

- Approved (resides 2 or more miles from school, as per PPSD Board policy)
- Denied (resides less than 1 mile from school)