



MIAMI DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS
AFRICAN HERITAGE CULTURAL ARTS CENTER
TRANSPORTATION APPLICATION

Last Name: _____ First Name: _____

Sex: ☐ Male ☐ Female

Age: _____

Grade: _____

School: _____

School Address: _____ City: _____

Principal's Name: _____ Phone: _____

Ethnic group which you identify: (Optional)

- ☐ White - non Hispanic ☐ Black - non Hispanic ☐ Asian or Pacific Islander
☐ American-Indian or Alaskan Native ☐ Other _____

Pick-up Time:

Monday	Tuesday	Wednesday	Thursday	Friday

Special Directions: _____

☐ CUSTODIAL PARENT

☐ NON-CUSTODIAL PARENT

☐ LEGAL GUARDIAN

☐ OTHER: _____

Parent Name: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Emergency Contact Name: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Relationship: _____

Office Use Only

Received by: _____ Starting Date: _____

Reviewed by: _____ Date: _____

Assigned Driver: _____