

IOWA CITY COMMUNITY SCHOOL DISTRICT

**Application for Pupil Transportation
(Distance must be over two miles Elementary & Jr. High)
(Distance must be over three miles for High School)**

Date transportation is to begin _____ School _____

Parent/Guardian: _____ Parent/Guardian: _____

Phone Number: (Home) _____ Phone Number: (Home) _____
(Business) _____ (Business) _____
(Cell) _____ (Cell) _____

Address _____
(Complete address requested for exact location of residence. **Please include zip code.**)

Pupil(s) to be transported:

<u>Name</u>	<u>Grade</u>	<u>Power School ID No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian: Please return this form to the school main office. Durham School Services will contact you with bus route information. Please allow 5 business days from notice for bussing to begin.

Buildings: Upon receipt from parent/guardian, please fax to Esme Davis daily at 688.1009 or email to Davis.Esme@IowaCitySchools.org

ESC Office Use Only

Date Received: _____

Date Processed: _____

Bus Eligible: ____ Yes
 ____ No, why _____

Start: _____ **End:** _____