

# 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:**

Name

Grade

Infinite Campus ID No.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Parent/Guardian: Please return this form to the school main office or email to [Davis.Esme@IowaCitySchools.org](mailto:Davis.Esme@IowaCitySchools.org) Please allow 5 business days from notice for busing to begin.**

### **ESC Office Use Only**

**Date Received:** \_\_\_\_\_

**Date Processed:** \_\_\_\_\_

**Bus Eligible:** \_\_\_\_ Yes

\_\_\_\_ No, why \_\_\_\_\_

**Start:** \_\_\_\_\_ **End:** \_\_\_\_\_