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 ________________

Parent/Guardian: ____________________________

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

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

Pupil(s) to be transported:

Name ____________________________
Grade ________
Power School ID No. ____________

Parent/Guardian: Please return this form to the school main office. Iowa Central School Bus 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: ___________

Revised 2019