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:

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<tr>
<th>Name</th>
<th>Grade</th>
<th>Infinite Campus ID No.</th>
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Parent/Guardian: Please return this form to the school main office or email to 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: ___________