

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.

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:** _____