

Pay-to-Ride Student Transportation Application 2026-2027

By submitting this request, I authorize North America Central School Bus to transport my student under the authority of the Iowa City Community School District's "Pay-to-Ride Student Transportation Program." I further understand that should the status of routing or transportation change, eligibility for ridership may be revoked. The Iowa City Community School District will charge a fee for this transportation.

Date: _____

Parent/Guardian: _____ Parent/Guardian: _____

Phone Number: (Home) _____

(Work) _____

(Cell) _____

Phone Number: (Home) _____

(Work) _____

(Cell) _____

Home Address: _____

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

After this form is processed and routes are created, you will be notified of the closest available bus stop relative to your home address. If pick-up/drop-off is needed at a location other than your home address, please list that address here:

Pupil(s) to be transported:

Student Name	School Attending	Grade	(For District Use Only) Infinite Campus ID #

Parent/Guardian: Please mail your application to the Educational Services Center, Transportation Department, 2255 N Dubuque Rd, Iowa City, IA 52245. Iowa City Community District Transportation Office will contact you with bus route information, once approved.

Signed: _____

Parent/Guardian

District Use Only

Date Received: _____

Payment Amount: _____

Date Processed: _____

Check #: _____

Bus number assigned: _____

Pick up/Drop off assigned: _____

Start: _____ End: _____

Waiver Status: _____