



Columbus City Schools
Transportation Services Department

2011 - 2012 REQUEST FOR PUPIL TRANSPORTATION TO A COMMUNITY SCHOOL

A separate application must be submitted for each pupil. Use the student's full, legal name. Only one transportation service will be provided per pupil. Information must be provided along with certification by the school administrator. Reimbursement-in-lieu of transportation is provided only if no school bus or COTA Pass is available. The due date for full year reimbursement is September 30, 2011. Late applications will be pro-rated from the date of receipt.

Student Information

Please Print or Type

Check all that apply: New Student Returning Student

Address Change

Effective Date Of Change ____/____/____

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ (mm/dd/yyyy) Sex _____ Race _____ Grade _____ Home Phone _____

Address _____ City _____ Zip _____

Mother/Guardian Name _____ Daytime Phone _____ Other Phone # _____

Father/Guardian Name _____ Daytime Phone _____ Other Phone # _____

Emergency Contact Name _____ Relationship to Student _____

Emergency Contact Address _____ Phone # _____ Other Phone # _____

Name of School Transportation is Requested to: _____ Enrollment Date _____

What School did your child previously attend? _____ Withdrawal Date _____

Parent Signature (REQUIRED FOR PROCESSING) _____ Date _____

School Certification (Must be completed by the school administrator & required for processing)

I hereby certify that the above student resides in the Columbus City School District and was enrolled as of _____ (mm/dd/yyyy) at _____

School for the 2011 - 2012 school year, has been entered into the CSADM with SSID # _____ and is eligible for services provided by Columbus City Schools Transportation Dept. I further certify that I will notify Columbus

City Schools immediately if the above student is withdrawn. School Administrator Signature (REQUIRED FOR PROCESSING) _____ Date _____

Columbus City Schools Transportation Department Use Only

Service Provided (check only one): School Bus COTA Pass Reimbursement Start Date _____

Bus Route # _____ Time & Location _____ Processed By _____

Incomplete Applications Will NOT Be Processed