



# Columbus City Schools Transportation Services Department



## 2010 - 2011 REQUEST FOR PUPIL TRANSPORTATION TO A COMMUNITY SCHOOL

A **separate application** must be submitted for each pupil. Use the **student's legal name**, not nicknames. 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, 2010**. **Late applications will be pro-rated from the date of receipt.**

**Student Information** Check all that apply:  New R Student  Returning Student  Address Change \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Effective Date Of Change

Please Print or Type

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 \_\_\_\_\_

**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 **2010 - 2011** 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 I further certify that I will notify Columbus City Schools **immediately** if the above student is withdrawn.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 \_\_\_\_\_ Date \_\_\_\_\_  
*Required for Processing*

**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 \_\_\_\_\_

Please click on one of the following buttons to email the form to your participating community school. After that, select "**Internet Email**" to save your form to a file that you can then attach to an email.

Please expect to receive an email acknowledgement or telephone call from your school within three business days after you email the form. If you do not receive a confirmation, please get in touch with your school by contacting one of the people listed below.

The form will validate your information to insure that all of the necessary fields have been completed.

While it is preferred that you email the form to your school, you may also print and send (or hand-deliver) the form to your school.

Email form to:

**A+ Arts Academy - Aley Wilson - [aplusarts@sbcglobal.net](mailto:aplusarts@sbcglobal.net)**

**Cornerstone Academy - Traci McCue - [tmccue@cornerstoneacad.org](mailto:tmccue@cornerstoneacad.org)**

**Graham School - Holly Garden - [hgarden@thegrahamschool.org](mailto:hgarden@thegrahamschool.org)**