Columbus City Schools
Transportation Services Department
2014 - 2015 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, 2014.** 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 **2014 - 2015** school year, has been entered into the OSES 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 I further certify that I will notify Columbus City Schools **immediately** if the above student is withdrawn.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