



# Columbus City Schools Transportation Services Department

## 2017 - 2018 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, 2017**. 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 **2017- 2018** 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 I further certify that I will notify Columbus City Schools **immediately** if the above student is withdrawn.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*