



# Columbus City Schools Transportation Services Department

## 2016 - 2017 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, 2016.** Late applications will be pro-rated from the date of receipt.

**Student Information** Check all that apply:  New 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: Columbus Collegiate Academy 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 Columbus Collegiate Academy School for the **2016- 2017** 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 I further certify that I will notify Columbus City Schools **immediately** if the above student is withdrawn.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***