



# Columbus City Schools

## Transportation Services Department

### 2011 - 2012 APPLICATION FOR PUPIL TRANSPORTATION TO A NON - PUBLIC SCHOOL

A separate application must be submitted for each pupil. Print or type and use the student's legal name, not nicknames. All information must be provided (along with certification by the school administrator of the school of attendance) and signed by the parent/guardian.

Reimbursement-in-lieu of transportation is provided only if no school bus 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** Check all that apply:  New Student  Returning Student  Address Change  Ed-Choice

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Resident School District \_\_\_\_\_

Name of School Transportation is Requested to: \_\_\_\_\_ Enrollment Date \_\_\_\_\_

What School did your child previously attend? \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

#### Parent / Guardian Information and Certification

Mother / Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Father / Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

My signature certifies that the above information is current and correct. I will notify the school **immediately** if any of the above information changes.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Required for Processing*

#### School Certification (Must be completed by the school administrator)

The above student was enrolled in \_\_\_\_\_ as of \_\_\_\_\_ (mm/dd/yyyy) for the **2011 - 2012** school year and is eligible for services provided by Columbus Public Schools Transportation Services Dept. **We will notify Columbus Public Schools immediately if the above student is withdrawn.**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 \_\_\_\_\_

**Incomplete Applications Will NOT Be Processed**