



Columbus City Schools

Transportation Services Department

2016 - 2017 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, 2016** 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 **2016 - 2017** 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 **We will notify Columbus Public Schools immediately if the above student is withdrawn.**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