

REQUEST FOR BUS TRANSPORTATION

TO: ITHACA CITY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
150 BOSTWICK RD
ITHACA, NY 14850
PHONE: 607-274-2128
FAX: 607-274-2331

I, _____, residing at _____

_____, in the Ithaca City School District, request

Transportation for my child (children), for who (whom) I have legal custody, and who are

residing with me, to and from _____:
(School)

| | <u>Student's Full Name</u> | <u>D.O.B.</u> | <u>Grade</u> | <u>A.M.</u> | <u>P.M.</u> | <u>Both</u> |
|----------|----------------------------|---------------|--------------|-------------|-------------|-------------|
| Child 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| Child 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| Child 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| Child 4. | _____ | _____ | _____ | _____ | _____ | _____ |

Daycare Pick-up Address/Phone # _____

Daycare Drop-off Address/Phone # _____

Home Phone # _____

Work Phone # _____

Emergency Contact Person: _____

Emergency Contact Phone # _____

I certify that the above information is true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____

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For School Use

I certify that the above-named child (children) is (are) enrolled in _____
(School)

for the school year _____.

Principal's Signature: _____