



REQUEST FOR TK-12 SCHOOL BUS TRANSPORTATION Series 709-E

Questions Please Call 712-279-6743

Fax form to 712-224-7477, return to child's school, or mail to Transportation Office at 2620 28th Street, Sioux City, IA 51105

School Year _____ Attending School _____

Student Name _____ Grade _____ Student I.D.# _____

Home Address _____ Apt./Lot# _____ New Address
Address must be home address. Childcare address is not permitted. New School

Parent/s/Guardian Name _____
Father _____ Mother _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

HOME/SCHOOL:
 AM Pick Up Only
 PM Drop Off Only
 BOTH (AM & PM)

CENTER to CENTER:
Holy Cross-BS to SM: AM PM
Mater Dei-IC/Nat: AM
 PM
 BOTH (AM & PM)

Health concern driver should know, such as allergies, diabetes, epilepsy, etc.

Emergency Contact Person _____ Emergency Phone _____

Special Education Students Only:
Alternate Pick-up/Drop-off Location _____
Reason _____
Alt. Contact Name _____ Alt. Contact Number _____

I have read and understand the guidelines and rules for my child's bus transportation. School buses are equipped with video cameras in accordance with school board policy.

Parent's Signature _____ Date _____

For Families within the Walk Zone (2 miles elementary and middle/3 miles high school)
 I am requesting bussing for my child/children and would agree to pay the monthly fee set by the school district. **Paid bussing is on a space available basis ONLY.**

Principal/Director's Signature _____

FOR OFFICE USE ONLY: Check Additional Program Transportation Need

ESL Tag Vocational Special Education* Other

**Special Education Identify:

wheelchair safety harness car seat bus assistant curb to curb out of district

Transportation:

Approved Denied School Notified Parent Notified Paid Date _____

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