

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 _____
(First name) (Last name) (Street Address) (City) (Zip)

In the Ithaca City School District, request transportation for my child(ren), for who(m) I have legal custody, and who are residing with me, to and from _____
(Name of School)

	Student's Full Name	D.O.B.	Grade	AM	PM	Both
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: _____

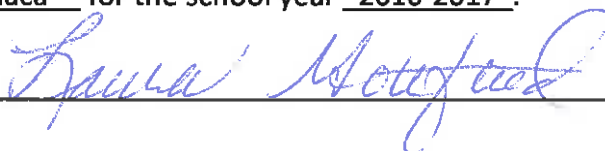
Emergency Contact Phone #: _____

I certify that the above information is true and correct.

Signature of Parent/Legal Guardian: _____ Date: _____

For School Use

I certify that the above-named child(ren) is (are) enrolled in The Elizabeth Ann Clune Montessori School of Ithaca for the school year 2016-2017.

Principal's Signature:  _____