

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)

	Student's Full Name	D.O.B.	Grade	A.M.	P.M.	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: _____

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For School Use

I certify that the above-named child (children) is (are) enrolled in EAC Montessori
(School)
for the school year 2014-2015.

Principal's Signature: Laura Matzried