



Resident Student Application for Transportation to Non-Public Schools

ITHACA CITY SCHOOL DISTRICT TRANSPORTATION SERVICES

150 Bostwick Road • Ithaca, New York • 14850 • 607-274-2128

I request transportation for my child(ren), for whom I have legal custody, to and from the school listed below. I confirm that I reside in the Ithaca City School District and that the listed children reside with me at the address listed below. Application must be mailed or delivered to 150 Bostwick Rd, Ithaca NY 14850 before April 1st of the prior school year.

Parent/Guardian Name:			
	Home	Cell	Work
Parent/Guardian Phone:			
Parent/Guardian Signature:			
Date Signed:			

	Last Name	First Name	Middle Name	Date of Birth	Grade
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					

Address at which the child(ren) reside

Street Address	
City, State, Zip Code	

Non-public school which the child(ren) attend

School Name	
School Street Address	
School City, State, Zip Code	
School Phone Number	

Ithaca City School District will be responsible for providing transportation for students between school and either their home or an identified alternate day care provider ONLY. Day care must be located within Ithaca City School District boundaries and be a licensed or registered day care provider. For additional information about Ithaca City School District Transportation, see [ICSD Board Policy 8400](#).

Daily Transportation							
Effective Date:							
Please circle your child's transportation needs for each day							
Morning Pick-Up Location				Afternoon Drop-Off Location			
Mon.	Home	Day Care	No Pick-up	Mon.	Home	Day Care	No Drop-Off
Tues.	Home	Day Care	No Pick-up	Tues.	Home	Day Care	No Drop-Off
Wed.	Home	Day Care	No Pick-up	Wed.	Home	Day Care	No Drop-Off
Thurs.	Home	Day Care	No Pick-up	Thurs.	Home	Day Care	No Drop-Off
Fri.	Home	Day Care	No Pick-up	Fri.	Home	Day Care	No Drop-Off

Day Care Provider Information (if applicable)			
Morning Childcare		Afternoon Childcare	
Provider Name:		Provider Name:	
Provider Address:		Provider Address:	
Provider Phone Number:		Provider Phone Number:	

If you wish to make adjustments to this schedule, please resubmit a new Student Transportation Request Form no less than five (5) school days prior to the requested transportation schedule change. **For emergency and/or one-time changes in pick-up or drop-off locations, please contact your child's school.**