

St. Cecilia School Bus Request Form

ONE STUDENT PER FORM

By submitting this request I authorize the bus company to transport my student under the authority of the Ames Community School District's Transportation Policy. I further understand that should the status of routing or transportation change, my eligibility for ridership may be revoked.

Child's Last Name _____ Grade _____

Child's First Name _____

*** Iowa law provides for the transportation of elementary and middle school children to and from school if their residence is more than 2 miles from the school they attend. You will be charged for busing if your home is less than the 2 mile provision.

ONE PICKUP AND ONE DROP OFF ONLY

Pickup Before School? Y N

Pickup Address _____

Dropoff After School Y N

Dropoff Address _____

*** We will not be able to fulfill any busing requests for Day Care Providers without contact information ***

Day Care Contact Person's Name _____

Day Care Phone #1 _____ Phone #2 _____

Day Care Email _____

CONTACT INFORMATION

Parent/Guardian Name _____ Parent/Guardian Name _____

Parent/Guardian Phone _____ Parent/Guardian Phone _____

Home Address _____ Home Address _____

Email Address _____ Email Address _____

Billing Address _____

Emergency Contact (Not Listed Above) _____

Emergency Contact Phone #1 _____ Phone #2 _____

Emergency Contact Email _____

Signature _____

Date _____

DURHAM SCHOOL SERVICES

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