

# 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)

	<u>Student's Full Name</u>	<u>D.O.B.</u>	<u>Grade</u>	<u>AM</u>	<u>PM</u>	<u>Both</u>
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 2017-2018.

Principal's Signature: 