



# Columbus City Schools

## Transportation Services Department

### 2009 - 2010 APPLICATION FOR PUPIL TRANSPORTATION TO A NON - PUBLIC SCHOOL

A separate application must be submitted for each pupil. Print or type and use the student's legal name, not nicknames. All information must be provided (along with certification by the school administrator of the school of attendance) and signed by the parent/guardian.

Reimbursement-in-lieu of transportation is provided only if no school bus or COTA Pass is available. The due date for full year reimbursement is **September 30, 2009**. Late applications will be pro-rated from the date of receipt.

|                            |  |  |   |                                    |
|----------------------------|--|--|---|------------------------------------|
| <b>Student Information</b> | Check all that apply: <input type="checkbox"/> New Student | <input type="checkbox"/> Returning Student | <input type="checkbox"/> Address Change | <input type="checkbox"/> Ed-Choice |
|----------------------------|--|--|---|------------------------------------|

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Sex \_\_\_\_\_ Race \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Resident School District \_\_\_\_\_

Name of School Transportation is Requested to: \_\_\_\_\_ Enrollment Date \_\_\_\_\_

What School did your child previously attend? \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

#### Parent / Guardian Information and Certification

Mother / Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Father / Guardian Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

My signature certifies that the above information is current and correct. I will notify the school **immediately** if any of the above information changes.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Required for Processing*

#### School Certification (Must be completed by the school administrator)

The above student was enrolled in \_\_\_\_\_ as of \_\_\_\_\_ (mm/dd/yyyy) for the **2009 - 2010** school year and is eligible for services provided by Columbus Public Schools Transportation Services Dept. **We will notify Columbus Public Schools immediately if the above student is withdrawn.**

School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

*Required for Processing*

#### Columbus City Schools Transportation Department Use Only

Service Provided (check only one): \_\_\_\_\_ School Bus \_\_\_\_\_ COTA Pass \_\_\_\_\_ Reimbursement

Bus Route # \_\_\_\_\_ Time & Location \_\_\_\_\_ Processed By \_\_\_\_\_

***Incomplete Applications Will NOT Be Processed***

## Westerville City Schools Bus Transportation for St. Francis DeSales Students

### 2009-10 Transportation form attached

1. A **NEW** form **MUST** be completed each year to secure transportation.
2. Fill out a **separate** form for **each** student.
3. Accurate and complete information on the form is required. Incomplete or unsigned forms will be returned to the parent and may cause transportation to be delayed.
4. To ensure proper scheduling, forms should be submitted by **July 1, 2009**. Forms received after this date will be processed and scheduled as soon as possible.
5. Please mail or Fax completed forms to: **Westerville City Schools Transportation, 125 E. Walnut Street, Westerville, OH 43081. FAX# (614) 797-5951.**
6. Students who are scheduled for school bus service will receive a post card the week of August 10, 2009 listing their transportation arrangements.
7. Any questions may be directed to Westerville Transportation at (614) 797-5962.

Jackie Messerschmitt, Assistant Principal

St. Francis DeSales High School,

(614) 267-7808 ext. 134 or [jmessers@cducation.org](mailto:jmessers@cducation.org)

**WESTERVILLE CITY SCHOOLS**  
**Private School Student Transportation Information Form**

2009-2010 School Year

**PLEASE PRINT IN ALL AREAS**

**STUDENT INFORMATION**

Male  Female

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Date of Birth                      Place of Birth (City & State or Country if not US)                      Home Phone # (with area code) UNLISTED:  Yes  No

**Was the student born in the United States?**  Yes  No    If no, what date did the student enter the U.S.? \_\_\_\_\_

**Is the student a Foreign Exchange Student?**  Yes  No

\_\_\_\_\_  
School of Attendance for 2009-2010                      School Address

**GRADE LEVEL (Please circle one): (School Year 09-10)**    P   K   1   2   3   4   5   6   7   8   9   10   11   12

\_\_\_\_\_  
Name of Last School Attended                      Complete Address of Last School Attended

Is your child currently under expulsion from previous school?                       Yes  No

**PRIMARY FAMILY INFORMATION**

Does child live with someone other than who has legal custody?                       Yes  No

**PARENT/GUARDIAN #1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    Zip

\_\_\_\_\_  
Home Phone (with area code)                      Cell Phone (with area code)

\_\_\_\_\_  
Employer    Work Phone (with area code)

\_\_\_\_\_  
Email Address

**PARENT/GUARDIAN #2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    Zip

\_\_\_\_\_  
Home Phone (with area code)                      Cell Phone (with area code)

\_\_\_\_\_  
Employer    Work Phone (with area code)

\_\_\_\_\_  
Email Address

**RELATIONSHIP TO STUDENT:**

Father     Mother     Stepparent     Other\*\*

\*\*If other, please specify relationship: \_\_\_\_\_

**RELATIONSHIP TO STUDENT:**

Father     Mother     Stepparent     Other\*\*

\*\*If other, please specify relationship: \_\_\_\_\_

**PLEASE CONTINUE ON BACK (PAGE 2)**

**PLEASE PRINT IN ALL AREAS**

Has your child ever been enrolled in a Westerville City School  Yes  No

(If you answered YES to the above question, please list the Westerville City School(s) your student has attended in the above blank)

Has your student even been expelled from Westerville City Schools?  Yes  No

Did you receive school bus service during the 2008-2009 school year from Westerville City Schools?  Yes  No

Did you receive an approved parental contract for the 2008-2009 school year?  Yes  No

**Please mark the appropriate boxes: Requesting transportation services**  AM  PM  Both

**EMERGENCY CONTACT INFORMATION**

*Please list two local contact persons, OTHER THAN parent/guardian(s) listed above.*

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
DAYTIME Phone. (with area code)

\_\_\_\_\_  
DAYTIME Phone No. (with area code)

Neighbor  Friend  Relative: \_\_\_\_\_  
(please specify)

Neighbor  Friend  Relative: \_\_\_\_\_  
(please specify)

**PHYSICIAN INFORMATION:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone No. (with area code)

**PARENT CERTIFICATION**

I state that the information provided is true and correct. I understand that falsification of information may be cause for denial of transportation services of my child from the Westerville City Schools.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Official Use Only Below This Space

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_