

Please mail, fax or deliver the form below to:

Mrs. Jackie Messerschmitt

Assistant Principal

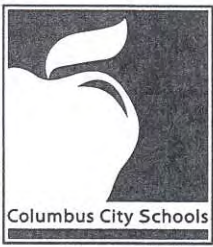
St. Francis DeSales High School

4212 Karl Rd

Columbus, OH 43224

Fax: 614-265-3375

Do NOT send the form to Columbus City Schools



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.

Student Information Check all that apply: New Student Returning Student Address Change 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 **We will notify Columbus Public Schools immediately if the above student is withdrawn.**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