

**SIoux CITY COMMUNITY SCHOOL DISTRICT  
REQUEST FOR K-12 SCHOOL BUS TRANSPORTATION**

Submit Application to School

School Year \_\_\_\_\_ Attending School \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Home Address \_\_\_\_\_ Apt./Lot# \_\_\_\_\_

Parent/s/Guardian Name \_\_\_\_\_

Father

Mother

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Health concern driver should know

allergy, diabetes, epilepsy, etc.

Emergency Contact Person \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Alternate Pick-up/Drop Off Location: \_\_\_\_\_

Reason: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Alt Contact Number: \_\_\_\_\_

I have read and understand the guidelines and rules for my child's bus transportation. School buses are equipped with video cameras in accordance with school board policy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Families within the walk Zone (2 miles elementary & middle/3 miles high school);**

I am requesting bussing for my child/children & would agree to pay the monthly fee set by the school district. *Paid bussing is on a space available basis only*

Principal/Director's Signature \_\_\_\_\_

Parents, if you have question about student transportation please call 279-6743

**FOR OFFICE USE ONLY: Check Additional Program Transportation Need**

ESL    Tag    Vocational    Special Education\*\*    Other

**\*\*Special Education Identify:**

wheelchair    safety harness    car seat    bus assistant    door to door    out of district

**Transportation:**

Approved  Denied  Parent Notified  Paid  Date