



**Urbandale Community School District  
Bus Request Form  
2017-2018 School Year**

Today's Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

**STUDENT INFORMATION**

Student Name	Student ID	Building	Grade

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (Other) \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Pick Up Address: \_\_\_\_\_

Alternate Drop Off Address: \_\_\_\_\_

Child Care Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Care Provider's Address: \_\_\_\_\_

Please **CIRCLE** the type of transportation you will need for your student.

- Annual Pass 1-Way AM
- Annual Pass 1-Way PM
- Annual Pass 2-Way
- 1<sup>st</sup> Semester Pass 1-Way AM
- 1<sup>st</sup> Semester Pass 1-Way PM
- 1<sup>st</sup> Semester Pass 2-Way
- 2<sup>nd</sup> Semester Pass 1-Way AM
- 2<sup>nd</sup> Semester Pass 1-Way PM
- 2<sup>nd</sup> Semester Pass 2-Way

<b>To be Completed by School Personnel</b>			
<b>Regular Zone</b>	<input type="checkbox"/>	<b>Paid Zone</b>	<input type="checkbox"/>
<b>Free Fees</b>	<input type="checkbox"/>	<b>Reduced Fees</b>	<input type="checkbox"/>
<b>Initials:</b> _____			

Are there any medical or physical limitations or special requirements that need to be considered for your student to ride a bus? **Yes**  **No**  This information is confidential, please explain. \_\_\_\_\_

If you have questions regarding bus fees and payments, please call the District Office at (515) 457-5011.

**This form MUST be completed and all fees paid or your child will NOT be allowed to ride the bus.  
Bus passes will be issued and required at all times to ride the bus. Replacement passes will cost \$5 each.**