



# Urbandale Community School District Bus Request Form

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: \_\_\_\_\_

Parent Email: \_\_\_\_\_

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

**To be Completed by School Personnel**

<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.**