

West Des Moines Community School District

TRANSPORTATION FORM INSTRUCTIONS

Please follow the guidelines below to complete the necessary information.

1. Place your cursor in the boxes and fill in your answers.
2. Hit the Tab key to go to the next question.
3. Once you've completed the form, print it.
(**NOTE: The contents of this form cannot be saved, so please be prepared to complete it in its entirety at one time.**)
4. Return the completed registration form by mail or fax to:

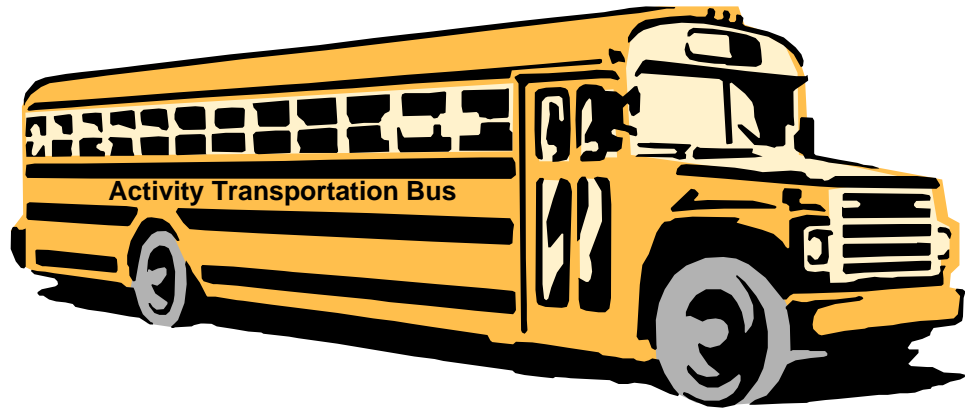
West Des Moines Community School District
Transportation Center
2102 Delavan Drive
West Des Moines, IA 50265

Fax (515) 633-4999

Activity Transportation Registration Form



WEST DES MOINES
COMMUNITY
S C H O O L S



I agree to inform my school secretary or the Transportation Department as my transportation needs change, by submitting a Discontinue Activity Transportation Form AND my activity has ended or I am no longer participating in the activity.

I also agree I must be registered with the Transportation department and show my activity pass prior to boarding.

Students Signature _____ Today's Date _____

or Parent/Guardians Signature _____

Activity Requesting Transportation for: _____

From: _____ To: _____

Activity Start Date: _____ Activity End Date: _____

Quarters Service Needed for this activity (check all that apply) 1 2 3 4 Route Requirements (check) AM PM

Activity Requesting Transportation for: _____

From: _____ To: _____

Activity Start Date: _____ Activity End Date: _____

Quarters Service Needed for this activity (check all that apply) 1 2 3 4 Route Requirements (check) AM PM

Student Information

School Name _____

Student Name _____ ID _____ Grade _____

(2001-2002)

Home Address _____ City _____ Zip _____

Parent/Guardian Information

Name _____

Address _____

City/ZIP _____

Phone (H) _____ (W) _____

Second Contact (in case of emergency)

Name _____

Address _____

City/ZIP _____

Phone (H) _____ (W) _____

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Operations/Transportation Center
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