

# 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



WEST DES MOINES  
COMMUNITY  
S C H O O L S

# Transportation Registration Form - 200\_ -200\_

West Des Moines Community School District (WDMCSD)  
Operations/Transportation Center  
2102 Delavan Drive  
West Des Moines, Iowa 50265  
Tel. # 633-4902 Fax # 633-4999

## General Information

- Registered for transportation in the previous school year in the WDMCSD.      **Today's Date** \_\_\_\_\_  
 First time registering for transportation in the WDMCSD.  
 New student to the WDMCSD.  
 Change of address within the WDMCSD.  
 I will NOT be registering for transportation next year. If NOT registering, fill in student name/address and return form.

## Student Information

**Complete one form for each student registering.**

Please complete ALL appropriate information using school and grade information for the next school year.

## Sacred Heart School

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Quarters Service Needed (check all that apply) 1 2 3 4 Route Requirements (check) AM PM RT\***

\*AM - pick up only

PM - drop off only

RT - round trip

If you have questions concerning this form, please contact your school secretary.

## Parents/Guardians Information

## Second Contact (in case of emergency)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/ZIP \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/ZIP \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

## Kindergarten Student Information

If you are registering a kindergarten student, please check his/her transportation needs.

Morning Kindergarten

Afternoon Kindergarten

All-Day Kindergarten

AM PM RT\*

Noon PM RT\*

AM PM RT\*

Pay zone transportation will be assigned based on availability.

Bus passes, stop location and pick-up time will be given at the time of school registration.

**Stop placements are determined by the transportation area, based on criteria established by the WDMCSD.  
Current riders may or may not be assigned the same stop used this year.**

**I agree to inform my school secretary or the Transportation Department as my transportation needs change,  
I also agree I must be registered with the Transportation department and show my pass prior to boarding.**

**PLEASE PRINT REGISTRATION AND RETURN TO TRANSPORTATION/WDMCSD.**

**DO NOT SEND FEES AT THIS TIME.**