

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
SCHOOLS

Transportation Registration Form - 200__-200__

Special Needs

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.

School Name _____ ECSE _____

Student Name _____ Grade Level (1-12) _____

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.

Parent/Guardian Information

Name _____

Address _____

City/ZIP _____

Phone (H) _____ (W) _____

Email Address _____

Second Contact (in case of emergency)

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

AM Noon RT*

Noon PM RT*

Special Needs Requirements

Does your child require special transportation needs? Yes No

If yes, please indicate what type. Wheelchair Yes No If yes, please list type of wheelchair. _____

Seatbelt/Harness Yes No _____

Other (Please explain) _____

To ride the bus in August, this form must be filled out and returned promptly.

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,

PLEASE PRINT REGISTRATION AND RETURN TO TRANSPORTATION/WDMCSD

DO NOT SEND FEES AT THIS TIME.