

## **Discretionary Transportation Application**

## **RETURNCOMPLETEDFORMTO**



First Student, Transportation Department

1601 Black Hawk Street, Waterloo, IA 50702 ◆ 319.291.4879

transportation@waterlooschools.org

## APPLICATION FOR DISCRETIONARY SCHOOL BUS TRANSPORTATION

Under authority of Chapter 285 of the Code of lowa, the Waterloo Community School District will provide transportation, or reimburse parents for all high school students residing more than three (3) miles from their designated high school; all middle school students residing more than two (2) miles from their designated attendance center; and all elementary students residing more than one (1) mile from their assigned attendance center.

Students who live under the above guidelines may apply for discretionary busing. Consideration will be based on space availability on the bus, on a regularly scheduled stop, and on a regularly scheduled route. Applications will be available beginning July 1st of the upcoming school year and reviewed in the order they are received. Students on a Voluntary Transfer do not have the option to apply or receive a discretionary route/stop. Your application will automatically be denied.

<u>Discretionary transportation will not be available for at least the first month of school</u>. During the school year, any request for transportation on a discretionary basis will require a minimum of 3 days for processing. This will provide time for the transportation staff to determine availability of space on existing bus routes.

Please complete this form and submit to First Student, 1601 Black Hawk Street, Waterloo, IA 50702, your student's school, or email the form to transportation@waterlooschools.org

Please review the district transportation handbook on the WCSD website www.waterlooschools.org for more guidelines.

		roday's Date:	
PARENT/GUARDIAN NAME:			
PHONE:(Home)	(Work or Cell)		
EMAIL:			
ADDRESS:			
STUDENT NAME:		GRADE:	-
SCHOOL OF ATTENDANCE (t	ransport to/from school)		
STUDENT NAME:		GRADE:	-
SCHOOL OF ATTENDANCE (tr	ansport to/from school)		
STUDENT NAME:		GRADE:	_
SCHOOL OF ATTENDANCE (tra	ansport to/from school)		
	o School 🗆 From School	□вотн	
Trans	portation Department Us	se ONLY	
		Date Received	<b>:</b>
Request Denied (Reason)		St	aff Initials
Request Approved  A.M. Route #			A.M. Time
Request Approved P.M. Route #			
	_		
Date to Begin Transportation	Date t	o Stop Transportation	
Date Parent Notified			