

**AMES COMMUNITY SCHOOL DISTRICT**  
**Discretionary Transportation Request**

By submitting this request I authorize Durham School Services to transport my student under the authority of the Ames Community School District's "Discretionary Transportation Policy." I further understand that should the status of routing or transportation change, eligibility for ridership may be revoked. The Ames Community School District will charge a fee for this transportation and billing will come from the ACSD business office. Durham School Service will notify you of approval within 7 business days.

**Student Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Parents:**

Parent Name 1 \_\_\_\_\_

Daytime & Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

**Address if different:**

Parent Name 2 \_\_\_\_\_

Daytime & Home Phone: \_\_\_\_\_

Home Address : \_\_\_\_\_

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

**Transportation Information:**

If the student only requires transportation one-way please enter "None" in the non- applicable field. \*Pick up location refers to the students pick up location prior to school. \*Drop off location refers to students drop off location after school. We do not guarantee exact location in the development of bus stops.

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

If your location is a daycare provider, please complete:

Name of provider: \_\_\_\_\_

Telephone: \_\_\_\_\_