

IOWA COUNTY TRANSPORTATION (ICOT)
1680 FRANKLYN AVENUE, PO BOX 191
MARENGO, IA 52301

ICOT PRE-SCHOOL/HEADSTART TRANSPORTATION ENROLLMENT FORM:
SCHOOL YEAR 2016-2017

The following information must be completed and on file at the ICOT office prior to beginning transportation for your child. Parent/guardian signature is required.

CHILD'S NAME:	PARENT/GUARDIAN NAME(S):
PARENT/GUARDIAN CONTACT PHONE NUMBERS: (HOME) (WORK) (MOBILE)	PARENT/GUARDIAN MAILING ADDRESS:

SCHOOL NAME, DAYS AND CLASS TIMES: (Circle All That Apply)

Iowa Valley Pre-school	Mon Tue Wed Thur Fri	AM	PM	SPECIAL NOTES
St. John's	Mon Tue Wed Thur Fri	AM		
LIS	Mon Wed Fri	AM	PM	
LIS	Tue Thur	AM	PM	
'Burg Comm Pre-school	Mon Wed Fri	AM	PM	
'Burg Comm Pre-school	Tue Thur	AM		
Lil Raiders	Mon Tue Wed Thur	AM	PM	

SECONDARY CONTACT NAME(S):	SECONDARY CONTACT PHONE NUMBERS: PHONE NO. PHONE NO.
PICK-UP ADDRESS:	RETURN ADDRESS:

Email address(es) for billing/balance information and/or inclement weather notifications:

Ride Cancellations/Student Pick-up or Drop-off Changes: Ride cancellations or changes to student pick-up or drop-off locations must be called into the ICOT office **NOT LATER THAN 7:30 A.M.** Drivers will not accept changes while on the route. Failure to notify the ICOT office by 7:30 that a child will not ride will result in you being charged for all rides scheduled for that day.

I have received and read the ICOT Pre-School Enrollment Information Packet for the 2016-2017 school year. I have read and understand the above statement regarding notification of ride cancellations and/or changes.

(Parent/guardian signature and date)

