



18. Request for transportation assistance. Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, attach proof of income to application and number in household. )

I certify the above information is true and I have sent a copy of this form to my resident district and to the district I want my child to attend.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**CAUTION: Knowingly providing false information on this form will invalidate the application.**

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**Receiving District**

The receiving district has the authority to take action on all applications (before or after March 1) except:

- a) Those alleging harassment or severe health need condition that cannot be accommodated in resident district.
- b) **Resident** district had a diversity plan. (Davenport, Des Moines, Postville, Waterloo, West Liberty)

Date application was received: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date Signature of Superintendent

Denied: \_\_\_\_\_  
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Request was not filed by March 1 and does not meet good cause.
- \_\_\_\_\_ Insufficient classroom space
- \_\_\_\_\_ Student under suspension or expulsion
- \_\_\_\_\_ Appropriate special education program is not available.

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**Resident District**

Resident district is taking action on this application because of the following:

- \_\_\_\_\_ Resident district has a diversity plan on file with Department of Education.
- \_\_\_\_\_ Student alleges pervasive harassment that began or escalated after March 1.
- \_\_\_\_\_ Student has a severe health condition that began or escalated after March 1.

Date application was received: \_\_\_\_\_

Approved: \_\_\_\_\_  
Date Signature of Superintendent

Denied: \_\_\_\_\_  
Date of School Board Action Signature of Superintendent

If denied, indicate reason:

- \_\_\_\_\_ Does not meet diversity plan criteria
- \_\_\_\_\_ Does not meet criteria for pervasive harassment
- \_\_\_\_\_ Does not meet criteria for severe health condition