



Fundación Colegio Americano Quito

SCHOOL TRANSPORTATION REQUEST FORM

Dear Applicant:

Please fill out the information below:

First and Last Names of Applicant: _____ Applying for grade: _____ Year: _____

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Complete address (exact building name, condominium, neighborhood):

Father's first and last name: _____ e-mail: _____

home telephone: _____ work telephone: _____ cell phone: _____

Mother's first and last name: _____ e-mail: _____

home telephone: _____ work telephone: _____ cell phone: _____

The American School of Quito offers bus service by sectors to the majority of our students. When possible, in Preschool, we offer door-to-door service, depending upon the road's conditions and our ability to access each home or urbanization.

Please keep in mind that bus routes are planned in advance for the school year. Adding new students to our bus routes may take time to coordinate.

Please communicate with the Transportation Department, regarding which bus stops are closest to your home, as well as the bus schedules, before requesting bus service (tgranja@fcaq.k12.ec).

Would you like bus service? Yes No

If you would like bus service, please draw a map of your home's location.

[Empty box for drawing a map of home location]

First and last name of the person requesting bus service: _____

Relationship to child: _____ cell phone: _____

Signature: _____ CI/Passport: _____ Date: _____

MIEMBRO DE:



Bachillerato
Internacional

ACREDITADO POR:



RECOGNIZED BY:

MINISTERIO DE
EDUCACIÓN

Manuel Benigno Cueva N80-190

Urbanización Carcelén

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