

## Shawano School District - Student Transportation Information - 2016

Dear Parent/Guardian: Please complete this form for each student who is eligible for transportation from home to school, and/or from school to home. To create efficient bus routes and to reduce the wasteful expense of "unused" busing, it is necessary to discern who WILL and who WON'T need transportation for the school year. If your child needs busing at a later time, he/she can be added to the bus route. Allow 3 business days for changes to the bus route to take effect. Changes may affect the pick-up and drop-off times of existing bus routes.

**Return completed form to your child's school**

<b>Student Information</b>	Transportation to begin (check box):		<input checked="" type="checkbox"/> <b>Start of School Year</b>	<input type="checkbox"/> <b>On (Enter Date): 09/01/2016</b>
Student Name	School Name (Circle One):		<b>Hillcrest / LEADS</b>	
Grade				
Medical or useful information about student?				

<b>Family Information</b>			
Physical Home Address		Mailing Address (if different)	
Parent/Guardian Name	Relationship to Student	Phone	Alternate Phone
Parent/Guardian Name	Relationship to Student	Phone	Alternate Phone
Emergency Contact Name	Relationship to Student	Phone	Alternate Phone

<b>Transportation Information</b>			
Does your child need transportation to and/or from school? <input type="checkbox"/> Yes <input type="checkbox"/> No      ( If yes, please complete this form)			
Will your child get on a shuttle bus in the City of Shawano to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If transported, Pick-up Location (circle only 1):		HOME	DAYCARE
		OTHER: _____	
If transported, Drop-off Location (circle only 1):		HOME	DAYCARE
		OTHER: _____	

<b>Daycare (Alternate Bus Stop) Request</b>	<i>Parents may designate no more than ONE alternate child care location for pick-up and/or ONE alternate location for drop-off. IMPORTANT: The request must be consistent every day, and located within the school attendance area of the student.</i>		
Physical Address	Daycare notes		
Child Care Provider Name	Phone	Alternate Phone	

Please contact Johnson School Bus at (715) 526-6430

- you are uncertain whether or not your child is eligible for bussing.
- a child lives at 2 addresses due to shared custody
- you have a question about bussing

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use only	AM Rt #:	Pick-Up Time:	PM Rt #:	Drop-off Time:
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