



## TRANSPORTATION FORM

PHONE (608) 582-4657 \* FAX (608) 582-4961

**PLEASE RETURN ONE FORM PER HOUSEHOLD TO REQUEST TRANSPORTATION FOR THE NEXT SCHOOL YEAR by JUNE 1st or ASAP.**

1. Your child's pickup and drop off location must be the same each day with one optional location allowed in an area served by your child's school. Attendance boundary information is available in the District Office or call 582-4657.
2. Transportation outside of these locations will be the responsibility of the parent or guardian. Only assigned students may ride route buses.
3. It is very important that you keep your address information current. If you notify us of changes less than 2 weeks before school begins, you may need to transport your own child until arrangements are completed for school transportation.
4. Deliver this request by JUNE 1st or ASAP to your school office. If school is not in session, deliver or mail form to the School District Office 17511 N Main St Galesville WI 54630.
5. You will receive a written confirmation of transportation requested before the start of school.

(Please Print)

Parent / Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Signature \_\_\_\_\_

**STUDENT INFORMATION**

Student Last Name	First Name	School /Grade	Male/Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ I do **not** need transportation services for the children listed above. **STOP HERE**  
 \_\_\_\_\_ I **do** need transportation services for the children listed above: \_\_\_\_\_  
 \_\_\_\_\_ Date to Begin \_\_\_\_\_  
 \_\_\_\_\_ to and from home only. Address \_\_\_\_\_ **STOP HERE**

**MORNING PICKUP LOCATION-TWO LOCATIONS**

**AFTERNOON SAME AS BELOW**

**PRIMARY**

House #	Street Name	Unit #	City	Phone
_____	_____	_____	_____	_____

Care Providers Name \_\_\_\_\_

**OPTIONAL**

House #	Street Name	Unit #	City	Phone
_____	_____	_____	_____	_____

Care Providers Name \_\_\_\_\_

**AFTERNOON DROP OFF LOCATION-TWO LOCATIONS Complete Only if Different for Afternoon**

**PRIMARY**

House #	Street Name	Unit #	City	Phone
_____	_____	_____	_____	_____

Care Providers Name \_\_\_\_\_

**OPTIONAL**

House #	Street Name	Unit #	City	Phone
_____	_____	_____	_____	_____

Care Providers Name \_\_\_\_\_