

School District of Waupaca Bus Registration Form 2017-2018

(Complete one form per student. Please print)

Student Last Name: _____ First Name: _____

Home Address: _____ City: _____ Today's Date: _____

Home Phone: _____ Parent Cell Phone: _____

Emergency Phone _____ Emergency Contact Name _____

Grade and School entering in September 2017 (select school – circle grade)

___ W4K-AM or W4K-PM, LOCATION (If known) _____

___ Chain School W4K-AM, W4K-PM, KDG 1st 2nd

___ WLC EC-AM EC-PM W4K-AM W4K-PM KDG SPEECH 1st 2nd 3rd 4th

___ Middle School 5th 6th 7th 8th

___ High School 9th 10th 11th 12th

How will your child get to school? Bus ___ OR Self Transport ___

How will your child leave school? Bus ___ OR Self Transport ___

***** If you indicated you need busing above, please fill in below. Only ONE pick-up address and ONE drop off address is allowed.**

AM Bus Pick-Up address: _____ Phone # _____

Bus Drop-Off address: _____ Phone # _____

Please keep in mind that once you have submitted this form, any address changes need to be made by contacting the school and then the Transportation Office at (715) 258-4155 or email cenyart@waupacaschools.org. **Allow two working days for changes to occur.** Parents for students in grades Early Childhood, 4K and KDG must be present at drop off location. If not, the driver must continue on his/her route and your student will be taken back to school for a parent to pick up.

Forward completed form to: **School District of Waupaca** Fax to (715)-258-4507

Transportation Office

905 Tenth Street

Waupaca, WI 54981

Email to: cenyart@waupacaschools.org

If you need additional information, call the Transportation Department at (715) 258-4155.

FOR OFFICE ONLY

Approved: Yes _____ No _____ NO BUSING REQUESTED _____

Bus # P/U: _____ Approx. Pick-up time: _____ Bus # D/O _____ Approx. Drop off time: _____

Called parent _____ On bus route _____ On enrolled list _____ Notified teacher/ therapist _____