

School District of Waupaca

Bus Registration Form 2018-2019

(One form per student is required every school year)

Student Last Name: _____ First Name: _____
 Primary Home Address: _____ City: _____ Today's Date: _____
 Parent(s) or Guardian(s) name: _____
 Home Phone: _____ Parent Cell Phone: _____
 Emergency Contact Name: _____ Emergency Phone: _____

Grade and School entering in September 2018 (select school – circle grade)

___ W4K-AM or W4K-PM, LOCATION (If known) _____
 ___ Chain School EC-AM 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 ___ Start Date _____

How will your child leave school? Bus ___ or Self Transport ___ Start Date _____

***** Only students that live in two households may indicate a secondary address below. Daycare facilities are not places of residence, and anyone can choose that as a pickup/drop-off location.**

Bus Pick-Up address: _____ M__T__W__TH__F__

Bus Drop-Off address: _____ M__T__W__TH__F__

Students should be at the designated stop **5 minutes** before their scheduled pick up time. All times are approximate and subject to change. *Drop off location may be different than the pickup location and drop off times can vary due to the amount of students riding.*

Please keep in mind that once you have submitted this form, **allow up two working days for transportation changes to occur.** Parents for students in Early Childhood, 4K and KDG must be present at drop off location or your child will be taken back to school for a parent to pick up. You may either submit this form electronically from the Transportation Dept. section at; www.waupaca.k12.wi.us or send this completed copy to:

School District of Waupaca
 Transportation Department
 905 Tenth Street
 Waupaca, WI 54981

Email to: ksalter@waupacaschools.org
Fax to (715) 258-4507

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

FOR OFFICE ONLY

Date Received: _____ Approved: Yes _____ No _____ NO BUSING REQUESTED _____

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

Called parent _____ Routed _____ Driver notified _____ Transfer notified _____ Teacher/ therapist notified _____