

School District of Waupaca Bus Registration 2020-2021



(One form per student is required each new 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 2020 (select school – circle grade)

___ W4K-AM or W4K-PM, LOCATION (if known) _____
___ Chain Exploration Center W4K KG 1st 2nd 3rd 4th 5th 6th 7th
___ WLC EC-AM EC-PM W4K-AM W4K-PM KG 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 number 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 KG 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:

Go Riteway Transportation
1864 Godfrey Drive
Waupaca, WI 54981

Email to: kayla.salter@goriteway.com
Fax: 715-258-2636

If you need additional information, call Go Riteway at 715-258-2626.

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 _____