

KINNIKINNICK CCSD #131

TRANSPORTATION APPLICATION

2016-2017 SCHOOL YEAR

In an effort to route more precisely, **all students who plan to ride the bus must complete this form.** Routes will be built based on the responses from these forms **only**. Students not requesting bus transportation will be removed from planned route. Anyone who does not initially request busing may add transportation later by calling their student's school. First student needs 48 hours to arrange busing.

PLEASE PRINT ONE SHEET PER CHILD

Name of student: _____

Home address: _____

School: _____ Grade: ____

Parent/Guardian name: _____ Phone number: () ____ - ____

BUS TRANSPORTATION WILL BE LIMITED TO ONE PICK UP ADDRESS AND ONE DROP OFF ADDRESS

AM Information

Select one: Bus _____ Walk/Bike _____ Parent: _____ Kidscare _____

(select the ONE form of transportation your child will use the majority of the time)

Bus pick up Location

If different than home: _____

PM Information

Select one: Bus _____ Walk/Bike _____ Parent: _____ Kidscare _____

(select the ONE form of transportation your child will use the majority of the time)

Bus drop off Location

If different than home: _____

Emergency Contact: _____

Name

Phone

Address