

School District of Black River Falls Transportation Department

2019-2020 Student Transportation Contract

Please use a separate form for each child

Name:			
Grade:		School:	

Home Address: _____

Home Phone: (____) _____ - _____

Parent/Guardian Information:

Name	(____) _____ - _____ Phone Number
Name	(____) _____ - _____ Phone Number

Please select up to two (2) pick up and drop off locations for your child. This schedule **must be a set schedule each week. Any deviation to this schedule becomes the parents' responsibility to transport** in accordance with School Board Policy 751. Contract must be completed before your child will be transported. **It may take up to three (3) school days to process contract changes. You will be notified when changes have been processed.**

AM Pick Up Location

Mon	
Tues	
Wed	
Thurs	
Fri	

PM Drop Off Location

Mon	
Tues	
Wed	
Thurs	
Fri	

My child does not need morning bus transportation at this time

My child does not need afternoon bus transportation at this time

By completing the Student Transportation Contract, both the parent and the student are agreeing to the rules and policies stated within the Transportation Handbook.

Parent Signature

____/____/_____
Date

****Transportation Department Use Only****

Date Received ____/____/____	Date Processed ____/____/____
AM Bus # _____	School Notified ____/____/____
Noon Bus # _____	Parent Notified ____/____/____
PM Bus # _____	<input type="checkbox"/> 4K/EC AM <input type="checkbox"/> 4K/EC PM <input type="checkbox"/> Special Needs <input type="checkbox"/> Wheelchair <input type="checkbox"/> Car Seat