

School District of Black River Falls Transportation Department

2020-2021 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 |