

Mukwonago Area School District Busing Information

Special Bus Arrangement/Change of Address/New Student

Part 1: Please fill out completely. You only need to complete Part 2 and Part 3 if you want your child picked up and/or dropped off at a location other than your home address. Anytime you make a change to these arrangements for two or more days, a new form must be filled out. **Any child without a form will automatically be picked up and dropped off at the home bus stop Monday through Friday.** This form must be returned to school. **Parents are responsible to remind children where they are to be dropped off in the afternoon.**

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____ SEX M / F Grade: _____ School: _____

Home Address: _____

City: _____ Zip Code: _____ Subdivision (if known) _____

Check box if this is a new address Effective date ___/___/___ Home Phone (_____) _____

Parent/Guardian Name(s) _____

Mother Work Phone: (_____) _____ Mother Cell Phone: (_____) _____

Father Work Phone: (_____) _____ Father Cell Phone: (_____) _____

Parent/Guardian Signature: _____ Date: ___/___/___

Part 2: Special Bus Arrangements

(A) Alternative Home: Parent/Guardian Name: _____

Address: _____

Phone: (_____) _____ Work Phone: (_____) _____

(B) Day Care/ Sitter #1 Name: _____

Address: _____

Phone: (_____) _____ Cell Phone: (_____) _____

(C) Day Care/ Sitter #2 Name: _____

Address: _____

Phone: (_____) _____ Cell Phone: (_____) _____

(D) Before/After School Child Care On Site in School Building

(E) Parent provided transportation TO/FROM school

Part 3: Write HOME on each line below when your child is riding from/or to home.

Write A, B, C, D or E on any line with an alternative transportation request. Note: The bus company is not required to honor requests for more than two pick up/drop off points on a continuing basis. (per Transportation Standards 1.8)

	Mon	Tue	Wed	Thu	Fri
Pick Up					
Drop Off					
Early Release	X	X		X	X
Early Dismissal					

These arrangements will be: (please check one)

Temporary Permanent

Date change is to take effect: ___/___/___

End date: (temporary only) ___/___/___

For Office use Only: Faxed to Dousman (PVES) ___/___/___ Student ID: _____
Faxed to Dousman (MUK) ___/___/___

To be completed by Dousman Transport after September 1st.

Route Number Assigned: **Home:** _____ **A:** _____ **B:** _____ **C:** _____

Parent Contacted by Dousman ___/___/___ Faxed back/phone back to school ___/___/___