

MUKWONAGO AREA SCHOOL DISTRICT
PUPIL TRANSPORTATION CONTRACT INFORMATION

Preliminary

Please return to Mukwonago Area School District, 385 Country Road NN E, Mukwonago, WI 53149 or Fax to (262) 363-6272 as soon as possible so that a Parent Contract can be issued to you. Thank you.

Parent/Guardian Name: _____ Today's Date: _____

Home Street Address: _____ aa

City: _____ Zip Code: _____ aa

Telephone Number: (Home) _____ (Cell) _____

Email Address: _____

| Student Name | School | Grade |
|--------------|--------|-------|
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NOTE: Transportation Contract will not be mailed out to you until this completed form has been returned to the District Office. Children will not be bussed until signed contract is returned.

Transport on the following days: (Please "X" all that apply)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Grades 1-12 & All Day Kindergarten:

___ Pick up A.M. only

___ Take home P.M. only

___ Round Trip (A.M. & P.M.)

Pick up point: _____

Drop off point: _____

Start Date: _____

Comments: