

School District of Black River Falls Transportation Department

2017-2018 Student Transportation Contract

Please use a separate form for each child

Name:	
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Grade:		School:	
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Home Address: _____

Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Parent/Guardian Information:

- Name: _____ Phone: (____) ____ - _____
- Name: _____ Phone: (____) ____ - _____

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 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 # _____	

- 4K/EC AM
 4K/EC PM
 Special Needs
 Wheelchair
 Car Seat