

BUS SERVICE REQUEST

INSTRUCTIONS: Provide all necessary information below, sign, and return to the District Office. Please understand that this service will be provided in accordance with the provisions of the School Board's policy on transportation and only if there is sufficient room aboard the bus and if the destination is on an existing bus route. The District reserves the right to refuse this special service for bona fide reasons. Please allow 72 hour processing time for all changes or new requests.

Today's Date: _____ Start Date: _____

1. **NAME(S) OF STUDENT(S) TO BE TRANSPORTED**

	Grade: _____	Teacher: _____
	Grade: _____	Teacher: _____
	Grade: _____	Teacher: _____

2. **HOME ADDRESS:** Student will be picked up from this address unless noted otherwise below in #3 (indicate am or pm)

Parent/Guardian: _____ AM PM
 Address: _____ Home Phone #: _____
 E-mail address: _____ Work or Cell #: _____

3. **BUS TRANSPORTATION** if different from home address (indicate am or pm):

Address: _____ AM PM
 Check here if destination address is a daycare/babysitter and provide provider's name and phone number.
 Name of Provider: _____ Phone # of Provider: _____

EARLY RELEASE DESTINATION: If school is called of early, where is your child to go:
 Address: _____ Phone #: _____

4. **SCHEDULE OF WHEN SERVICE IS REQUESTED**

Days: Monday Tuesday Wednesday Thursday Friday
 AM 4K – Pick Up Noon 4K – Pick Up Noon 4K – Drop Off PM 4K – Drop Off

5. **ANNUAL PROCESSING FEE** of **\$35.00 per family per year** must accompany this form if you check any of the boxes below: (Families of 4K students are not required to pay this fee).

- A Village Student being transported to a residence in the country.
- A Village Student being transported to the Albany Day Care.
- A Village Student who has a curb or sidewalk at their residence and still want bus service.

RETURN TO:
 District Office
 School District of Albany
 PO Box 349
 Albany, WI 53502

Signed: _____

Parent/Guardian: _____

Yes, I recognize that this digital signature takes place of a handwritten signature, pursuant to Wis Stats 137.15, 137.16, & 137.7.

Office Use Only

<i>PAID</i>	<i>APPROVED</i>	<i>DENIED</i>
Date	Reason	Reason
Initials	Date	Date
	Signature	Signature