



NORTHERN OZAUKEE SCHOOL DISTRICT
2009-10 Transportation Service Request Form

The purpose of this form is to establish transportation service for your child. It is extremely important that you provide accurate information and return this form in order for the district to safely keep track of your child and program for the most efficient routing.

Each student is allowed one pick-up and one drop-off stop within the Northern Ozaukee School District. They do not need to be at the same address, although Monday through Friday (weekly route) must remain the same.

One form must be returned to the school office for each student by Thursday, August 13, 2009. Failure to return this form may jeopardize your eligibility for transportation service.

I am requesting a stop be established at my home for daily transportation of my child.

Name of student: Please print _____ grade (2009-10) _____

Home address: _____
Street City Zip Code

School: OES OMS OHS

My child does not need transportation service at this time, but I understand I can request bus service at any time during the school year (from September 15th on) with a minimum of three (3) business days advance notice.

Service Change Pick-Up Request

My child needs to be picked up at the following address, which is different from our home address:

Name of student: Please print _____

Alternate address: _____
Street City Zip Code

Or one of the following: St. John's Preschool Paulus day care Little Friends Learning Center 1/2

Service Change Drop-Off Request

My child needs to be dropped off at the following address, which is different from our home address:

Name of student: Please print _____

Alternate address: _____
Street City Zip Code

Or one of the following: St. John's Preschool Paulus day care Little Friends Learning Center 1/2

Parent/guardian name: Please print _____

Parent/guardian daytime telephone number: _____

Date of signed application: _____

Thank you for taking the time to complete this form.