

**Busing Request 2018-2019**  
**COMPLETE AND TURN IN AT REGISTRATION**  
**Transportation Handbook available on website [www.waterloo.k12.wi.us](http://www.waterloo.k12.wi.us)**

Family Name: \_\_\_\_\_

Parents: \_\_\_\_\_  
Mother Father

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_ ext: \_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_ ext: \_\_\_\_ Cell Phone: \_\_\_\_\_

Name and Grade (2018-2019) of:

Child 1) \_\_\_\_\_  
Grade (2018-2019)

Child 2) \_\_\_\_\_  
Grade (2018-2019)

Child 3) \_\_\_\_\_  
Grade (2018-2019)

Child 4) \_\_\_\_\_  
Grade (2018-2019)

No, my children will not require busing in 2018-2019

Yes, I would like to request bus service for 2018-2019. Please complete remainder of form. You will be notified ONLY if request is denied. (Every other day arrangements will be denied)

My children will be bussed from:  Home  Childcare  Other (please state)

\_\_\_\_\_  
Legal Residence, Childcare Address, (or city pick-up site, complete form A)

My children will be dropped off at:  Home  Childcare  Other (please state)

\_\_\_\_\_  
Legal Residence, Childcare Address, (or city pick-up site, complete form A)

Childcare Provider Name: \_\_\_\_\_

Childcare Phone Number: \_\_\_\_\_ Childcare Cell Number: \_\_\_\_\_

Please provide any health information Kobussen may need for your child(ren) regarding Allergies/Diabetes etc. and include current Individual Health Plan. It is the parent's responsibility to provide medication administration information to bus staff as needed.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date signed \_\_\_\_\_