

Boscobel Area School District Bus Registration Form 2019-2020

Student Last Name: _____ Student First Name: _____ Grade: _____

Student Last Name: _____ Student First Name: _____ Grade: _____

Student Last Name: _____ Student First Name: _____ Grade: _____

Student Last Name: _____ Student First Name: _____ Grade: _____

Parent Name: _____ Parent Cell Phone: _____

Primary Home Address: _____ City: _____

Emergency Contact Name: _____ Emergency Phone: _____

How will your child get to school? (Check One) Bus _____ OR Self Transport _____ Start Date: _____

How will your child leave school? (Check One) Bus _____ OR Self Transport _____ Start Date: _____

****If you indicated you need busing above, please fill in below. Only students that live in two households may indicate a secondary address below.**

Primary Bus Pick-Up Address: _____ M ___ T ___ W ___ Th ___ F ___ Phone# _____

Primary Bus Drop- Off Address: _____ M ___ T ___ W ___ Th ___ F ___ Phone# _____

Second Bus Pick-Up Address: _____ M ___ T ___ W ___ Th ___ F ___ Phone# _____

Second Bus Drop- Off Address: _____ M ___ T ___ W ___ Th ___ F ___ Phone# _____

Please keep in mind that once you have submitted this form, a permanent address change must be made by contacting the school and then the Transportation Office at (608)375-5834. **Allow two working days for changes to occur.** Parents for students in grades Early Childhood, 4K and KDG must be present at drop off location or your child will be taken back to school for a parent to pick up. Please send this completed copy to:

Boscobel Area School District
Transportation Department
1110 Park Street
Boscobel, WI 53805
Fax: (608)375-2378

Contact the district office with any questions at 608-375-4164

FOR OFFICE USE ONLY

Date Received: _____ Approved: Yes _____ No _____ No Busing Requested: _____

Bus # P/U: _____ Approx. Pick-Up Time: _____ Bus # D/O: _____ Approx. Drop Off Time: _____

Called Parent _____ On Bus Route: _____ On Enrolled List: _____ Notified Teacher: _____