School District of Black River Falls Transportation Department

2016-2017 Student Transportation Contract

Please use a separate form for each child

Name:			
Grade:		School:	

Home Address: _____

_____

Home Phone: (_____) _____ - _____

Parent/Guardian Information:

_____ (_____) _____ - _____
Name Phone Number

_____ (_____) _____ - _____
Name Phone Number

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	

☐ My child does not need morning bus transportation at this time

PM Drop Off Location

Mon	
Tues	
Wed	
Thurs	
Fri	

☐ My child does not need afternoon bus transportation at this time

By completing the Student Transportation Contract, both the 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