

**WA-NEE COMMUNITY SCHOOLS
TRANSPORTATION REQUEST FORM**

Student's Last Name _____ Student's First Name _____ MI _____

Physical HOME Address (no PO Box) _____

City _____ Zip _____ Phone # _____

Is your student new to Wa-Nee? YES NO Student's grade: _____

Which school will your student attend? NWHS NWMS NES WES WV _____

Desired start date for transportation _____

A.M. Transportation

- No Bus Transportation Needed
(I will...) Parent Transport/Student Driver
 Walk/Bike from Home
 Walk/Bike from Alternative Site

From:

Address: _____

Contact Name: _____

Phone #: _____

****Schedules **MUST** be consistent****

- School Bus Transportation Needed
 M Tu W Th F

From the bus stop associated with:

Address:(Must be in school boundary) _____

Contact Name: _____

Phone #: _____

P.M. Transportation

- No Bus Transportation Needed
(I will...) Parent Transport/Student Driver
 Walk/Bike to Home
 Walk/Bike to Alternative Site

To:

Address: _____

Contact Name: _____

Phone #: _____

****Schedules **MUST** be consistent****

- School Bus Transportation Needed
 M Tu W Th F

To bus stop associated with:

Address:(Must be within school boundary) _____

Contact Name: _____

Phone #: _____

I have read and understand all bus rules and policies. I AGREE

See the Wa-Nee Transportation website for more information. <http://www.wanee.org/transportation.aspx>

Name of person completing this form: _____ Date: _____

Email Address: _____ Contact Phone #: _____

Be sure to keep your information current and sign-up for emergency alerts in your Skyward account.

*****ALL CHANGE REQUESTS MUST BE MADE IN WRITING BY A PARENT OR GUARDIAN*****