



OREGON SCHOOL DISTRICT - TRANSPORTATION VERIFICATION

2009/2010 SCHOOL YEAR

To assist us in planning transportation, please complete the following information. This form **must** be completed when changes are requested. If a form is not submitted, we will assume that your child will be picked up and delivered based on your **home address**. If you need additional forms, contact the District Services Office at 835-4000 or your School Office. **Please complete one form for each child.** **NOTE: If your child is picked up *and* dropped off at the home address, there is no need to complete this form. If you are making a change in that arrangement, please fill in *Request for Pickup and Drop Off.***

Child's Information

Name of Child: _____ Home Phone Number: _____ - _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____

Work Phone # _____ - _____

Father's Name: _____

Work Phone # _____ - _____

**** REQUIRED BY PARENT PRIOR TO PROCESSING ****

PLEASE CIRCLE APPROPRIATE SCHOOL & GRADE:

School Attending: Netherwood Knoll - Prairie View - Brooklyn - Rome Corners Intermediate Sch - Ore. Middle Sch - Ore. High Sch.

Grade attending in 2009/2010: 1 2 3 4 5 6 7 8 9 10 11 12

Early Childhood (AM or PM) - Kindergarten

Childcare Provider Information

Provider's Name: _____

Provider's Address: _____

Provider's Phone # _____ - _____

Please note: Mileage will not be added to a bus route for transportation to a Daycare Provider after routes are established. Routes are established for the upcoming school year by July 31.

OFFICE USE ONLY:

Bus # _____ - AM

Bus # _____ - PM

* Request for Pickup/Drop Off *

- I would like my child picked up and dropped off at the childcare provider's address listed above.
- I would like my child picked up at the childcare provider's address listed above and dropped off at the home Address listed above.
- I would like my child picked up at the home address listed above and dropped off at the childcare provider's address listed above.
- I would like my child dropped off at the childcare provider's address listed above.
- Other request, _____

Effective *start* date of this request: _____ (*request must be made 48 hours prior to effective date*)

H: TRAN/VERIFYFORMS 09/2010

I have verified that the information above is correct.

Parent/Guardian Signature

Date

**PLEASE FILL OUT AND RETURN TO: OREGON SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
123 EAST GROVE STREET, OREGON, WI 53575 OR FAX (White paper only) TO 835-9509.**

NOTE: Bus transportation is *not* available to students in **grades K-8** who live within a half-mile from school.
Bus transportation is *not* available to students in **grades 9-12** who live within two miles from school.