

OREGON SCHOOL DISTRICT - TRANSPORTATION VERIFICATION



2006/2007 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 "other request".

Child's Information

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

Home Address: _____ City: _____ Zip: _____

School Attending: Netherwood Knoll - Prairie View - Brooklyn - Rome Corners - Ore. Middle - Ore. High (circle school)

Grade attending in 2006/2007: 1 2 3 4 5 6 7 8 9 10 11 12 Kindergarten - FULL DAY K- AM (circle grade)

Mother's Name: _____ Work Phone # _____ - _____

Father's Name: _____ Work Phone # _____ - _____

Day Care Provider's Information

Provider's Name: _____

Provider's Address: _____

Provider's Phone # _____ - _____

OFFICE USE ONLY:

Bus # _____ - AM

Bus # _____ - PM

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.

Request for Pickup and Drop Off.

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

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

H: RODNEYS DOCS/DAYCARE/TRAN FORM 06/07

I have verified that the information above is correct.

Parent/Guardian Signature

Date

PLEASE FILL OUT AND RETURN TO: OREGON SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
200 NORTH MAIN 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.

OFFICE USE ONLY Kindergarten: Full Day ___ AM ___ School: _____ Teacher: _____