

Elkhart Lake School District
 251 East Maple St
 Phone 920-876-3307
 Fax 920-876-3105

Change of Residence / Request for Change in Pick-up / Drop-off

Johnson School Bus Service
 808 Valley Rd.
 Phone 920-893-5941
 Fax 920-892-6433

E-Mail jbply@verizon.net

Fill this form out ONLY FOR DAY CARE or if MOVING

(Please Print)

Student Name _____ Mid Int. _____

School Attending _____ Grade _____ DOB _____ Sex: M F

Parent/Guardian Name _____

Home Address _____

City _____ Zip _____ Phone _____

Starting Date _____ Ending Date _____

Transportation is limited to no more than two (2) locations (including the home residence) and must be within the school's attendance area unless approved by the school principal. Requests for changes in pick-up or drop-off location will be considered based on space availability and on a first-come, first-serve basis. Routes will not be extended or altered to accommodate requests. The request must be made by the parent/guardian, not the daycare provider

<i>This Section To Be Completed For Daycare Only</i>	The alternate Address is a <i>(circle one)</i> : Daycare provider Relative Other					
	Alternate Address _____					
	City _____ Zip _____ Phone _____					
	Care giver Name: _____					
	Check Days That Apply					
A.M. Pick-up	All	Mon	Tue	Wed	Thur	Fri
Noon Pick-up						
Noon Drop-off						
P.M. Drop-off						

All requests must be made in writing and received by the bus company ONE WEEK before the change is to take effect.

Parent/Guardian Signature _____ Date _____

For School Use only

Principal Approved _____ Date _____

For Bus Company Use only

This request has been Approved Disapproved Dated _____

Reason _____ Initials _____

AM Route # _____ Noon Rt # _____ PM Route # _____ Alt Rt # _____