Wisconsin Dells School District

Transportation Department

Bus Student Locator Form 608-254-8783

New Enrollment	Relocation				Date Fo	orm Complet	ed/	
					START	ING DATE:		
		Family	Information					
Parent or Guardian:								
Mailing Address:								
City:	Zip:				Phone:			
Street Address if differ	rent from above:							
County:	City/Village/Tow	nship:						
Student Information							If 4-K: AM or PM All Day M-Tu	
Last	First	MI	Birthdate	Sex	Grade	School	All Day Th-F	
1								
2								
3								
4								
5								
	DO YOU NEED	TRANSPORTA	TION? YES NO	(CIRCLE C	ONE)			

FROM SCHOOL ONLY

Instructions:

TRANSPORTATION FOR:

- 1. Check "NEW ENROLLMENT" if you are new to our District and registering for the first time **OR** check "RELOCATION" if your children are already receiving transportation services and you have either moved to another location within the District or any of your children have changed schools. Fill in the date the form was completed.
- 2. Complete the "Family Information" as requested on this portion of the form. You need to fill out the "STREET ADDRESS" portion only if it is different from the mailing address. Be sure to include both the address number and the street name. Fill in the name of the County in which you live and circle either city, village, or town and fill in the name in the space provided.
- 3. Complete the student information portion, using a separate line for each student.

TO SCHOOL ONLY

Please fill the form out <u>COMPLETELY</u>, as any blank spaces may result in a delay of your child receiving transportation services.

(CIRCLE ONE)

BOTH TO AND FROM SCHOOL