



TRANSPORTATION FORM

TRANSPORTATION SERVICES 500 STATE STREET HOLMEN, WI 54636
PHONE (608) 526-4752 E-Mail: transp@holmen.k12.wi.us

(Select One)

NEW ENROLLMENT _____ CHANGE IN TRANSPORTATION _____ PRIVATE SCHOOL REQUEST _____

1. Your child's pickup and drop off location must be the same each day and in an area served by your child's school. For elementary students, transportation is provided to and from addresses within each elementary school attendance boundary. Attendance boundary information is available by contacting Pupil Services office, 526-1309. Please see our website for private school 4k information.
2. Please select one location for transportation to school and one location from school. Transportation outside your designated attendance area may be available when specific guidelines are met. Contact the transportation office with questions.
3. Transportation outside of these locations will be the responsibility of parent or guardian. This includes non-school events, visiting, and going to a friend's house. Only regularly assigned students ride route buses.
4. If this is a change in transportation, please deliver this request by July 1st or ASAP to Transportation Services.
5. Please check the School District of Holmen Transportation Department website for further information.

(Please Print)

Student Last Name	First Name	School/Grade	Male/Female
_____	_____	_____	_____
_____	_____	_____	_____

Parent / Guardian Last Name	First Name	Signature	Today's Date
_____	_____	_____	_____

_____ I do **not** need transportation services for the children listed below. (STOP HERE)

_____ I **do** need transportation services for the children listed above. _____

Date to Begin

MORNING PICKUP LOCATION-ONE LOCATION ONLY

Home Day Care - Care Providers Name _____

House #	Street Name	Unit #	City	Phone
_____	_____	_____	_____	_____

CHECK IF THE AFTERNOON LOCATION IS THE SAME AS ABOVE

****Complete Only if the Afternoon Location is Different than the Morning**

AFTERNOON DROP OFF LOCATION-ONE LOCATION ONLY

Home Day Care - Care Providers Name _____

House #	Street Name	Unit #	City	Phone
_____	_____	_____	_____	_____

PUPIL NONDISCRIMINATION STATEMENT

The right of the student to be admitted to school and to participate fully in curricular, extracurricular, student services, recreational or other programs or activities shall not be abridged or impaired because of a student's age, race, creed, color, disability, pregnancy, marital or parental status, religion, sex, citizenship, national origin, ancestry, socioeconomic status, sexual orientation, gender identity, gender expression, or gender nonconformity.

El derecho del estudiante para ser admitido en la escuela y participar plenamente en el currículo, extracurriculo, servicios estudiantiles, recreativos u otros programas o actividades que no se podrán coartar o menoscabado debido a su edad, raza, credo, color, discapacidad, embarazo de una estudiante, el estado civil o paternal, religión, sexo, nacionalidad, origen nacional, ascendencia, estado socioeconómico, orientación sexual, identidad de género, expresión de género, o la no conformidad de género.

Txoj cai muab rau tus menyuam thaum tuaj kawm ntwav thiab thaum mus ua si ncaws pob, hu nkauj, los yog ua yeeb yam pem tsev kawm ntwav yuav tsis pauv. Txawm tus menyuam lub hnuv yug loj los me, nws yog haiv neeg twg, nws txoj kev ntseeg yog li cas, nws muaj kev tsis taus, nws lub cev xeeb tub, muaj txij nkawm li cas, yog poj niam los txiv neej, yog pej xeeb los tsis yog, tuaj lub tej chaws twg tuaj, poj koob yawm txwv yog li cas, los yog tham li cas, txoj cai yuav nyob li qub.