

2026-2027 Kaukauna Transportation Form

This form must be returned for all students that require bus transportation.
Please complete and return this form to Kobussen Bus by **July 15th**.

Email: taylor.wheeler@kobussen.com

Address: W914 County Rd. CE
Kaukauna, WI

Student Name: _____

Parent/Guardian Names: _____

Home Address: _____

Home Phone Number: _____

Parent email address: _____

Grade for 26-27 school year _____ (4K indicate AM or PM session)

School of attendance _____

Requested start date _____

****If this form is not completed and returned in time, bus transportation cannot be guaranteed for the first 2 weeks of school. POLICY STATEMENT:** The district shall provide transportation for students, residing within the district boundaries, under provisions of Wisconsin laws and regulations and as set forth in this transportation policy. **KASD 710:** All students living longer than the distances listed below from the school of their regular attendance area will be transported. The distances are measured by using an electronic mapping service. If the student is more than one (1) mile from school students in grades 4K- 4 will be transported from designated stops. Students in grades 5-12 will be transported from designated stops if the student is more than two miles from school.

All Students should be ready at their stops 10 minutes before the stop time.

Transportation to School: (Check one)

_____ Parent/Sitter drop-off

_____ Kobussen Bus _____

Pick up address (if different than home) and Phone number

Transportation from School: (Check one)

_____ Parent/Sitter pick-up

_____ Kobussen Bus _____

Drop off address (if different than home) and phone number

**** All pick up and drop offs are corner stops ****