KOBUSSEN BUSES LTD. & De Forest Area School District

SPECIAL TRANSPORTATION REQUEST FORM

SPECIAL REQUEST FORMS ARE DUE TO KOBUSSEN <u>ANNUALLY</u> BY JULY 22 PRIOR TO NEW SCHOOL YEAR. Requests for transportation changes will be accommodated on a first-come, first-serve basis. Transportation changes require the completion of this form and a minimum of 48 hours notice. One alternate location may be requested. If seeking transportation to a non-residential child care provider, transportation is dependent upon the provider participating in the transportation cooperative. Please refer to the DASD Transportation and Student Conduct Guide for further information. For all families requesting transportation to an alternate address, it is essential to complete this form and return it by mail or e-mail to:

KOBUSSEN BUSES LTD. 4951 Cake Parkway
DeForest, WI 53532 (608) 729-0167 (office)
mary.baumann@kobussen.com

(please print)			
Parent/Guardian Name:		Date:	
Address:		City:	
Home Phone: ()	Cell Phone:()E-ma	ell Phone:() E-mail address:	
*Emergency Contact (Name):		Phone:	
Student's Name	School	Grade	
Student's Name	School	Grade	
Student's Name	School	Grade	
Student's Name	School	Grade	
I request that my child(ren) be (Please check all option(s) that will ap Home Pick-up Location Type: (Childcare, Dual Household, et	Other (to be completed below)	Busing not needed	
Name:	Name:		
Address:			
Phone:	Phone:		
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Date:			

*Required Information – this contact MUST be available during hours that student is attending school.

Any changes concerning pick-up or drop-off locations, emergency contact information, or phone number changes need to be reported to school officials and Kobussen Buses immediately.