

SCHOOL DISTRICT OF RHINELANDER

and

BOWEN'S BUS SERVICE

P O Box 43

McNaughton, WI 54543

Phone (715) 362-3996 / Fax (715) 362-3997

2017-2018 BUS TRANSPORTATION REGISTRATION FORM

(Please Read Carefully)

Dear Parent/Guardian:

Due to the number of high school students driving personal vehicles to school and the increased number of parents/guardians transporting their children to and from school each day, the school district and Bowen's Bus Service are requesting that **ONLY THOSE STUDENTS REQUIRING BUS TRANSPORTATION TO AND/OR FROM THEIR RESIDENT ADDRESS FOR THE 2017-2018 SCHOOL YEAR ARE TO REGISTER FOR BUS TRANSPORTATION SERVICES.** IF YOUR CHILD IS ELIGIBLE AND WILL REQUIRE BUS TRANSPORTATION TO AND/OR FROM SCHOOL, PLEASE COMPLETE THE INFORMATION BELOW AND **RETURN THIS FORM NO LATER THAN AUGUST 11, 2017 TO BOWEN'S BUS SERVICE, P.O. BOX 43, MCNAUGHTON, WI 54543.** FORMS RECEIVED AFTER AUGUST 11TH WILL DELAY BUS TRANSPORTATION FOR STUDENTS, AND PARENTS/ GUARDIANS WILL BE RESPONSIBLE FOR TRANSPORTING THEIR CHILD TO SCHOOL UNTIL THEY HAVE BEEN NOTIFIED THAT BUSING HAS BEEN ARRANGED.

It is the mission of the school district and Bowen's Bus Service to provide for the safety of all children while being transported. To help accomplish this, parents/guardians are asked to **provide information regarding any special medical conditions that their child may have** (i.e. diabetes, allergic reactions to bee stings, etc.). Any medical information that is provided will be kept confidential and shared only with the child's bus driver and/or bus monitor. For the safety of all children riding the bus, it is the parent's/guardian's responsibility to notify Bowen's Bus Service regarding a child's special medical conditions.

Student's Name	Grade	School Name	Will Ride A.M. Only	Will Ride P.M. Only	Will Ride A.M. & P.M.

Parent/Guardian Name _____ Email Address _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please List Special Medical Conditions (if any) of the Child

Child's Name _____

Medical Condition(s) _____

Child's Name _____

Medical Condition(s) _____

Child's Name _____

Medical Condition(s) _____

Emergency Contact Name _____ Contact # _____

Emergency Contact Name _____ Contact # _____

Parent/Guardian Signature _____ Date _____

Date Received by Bus Company _____ Bus Company Representative Signature _____

If you do not submit this form as required, your child will not be provided bus transportation services. Should transportation service become necessary at some point during the school year, you are required to complete this form and submit it to Bowen's Bus Service. Transportation will be provided by Bowen's as soon as possible after receipt of this form.

If your child will need to be picked up or dropped off at an address other than your home address, you must complete an 'Alternate Transportation Form'. This form is available by contacting Bowen's Bus Service at the address noted above or by calling (715) 362-3996. It is also provided on the District's website at <http://www.rhinelanderschools.org/district/Alternate%20Transportation%20Form.pdf>.

Additional information can be provided by the parent/guardian on the reverse side of this form

Transportation Office Use Only

Bus #: _____ Shuttle AM: _____ PM: _____

Stop Location: _____ Pick-Up Time: _____ Drop off Time: _____

Added to route sheets ___ Notified Driver ___ Informed Parent ___ Informed School ___ Date Notified _____

