

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Request for Regular Transportation between "DUAL HOUSEHOLDS"

(20 -20) School Year

Child/Children's Name _____

School of Attendance _____ Grade _____

(START DATE: _____)

HOUSEHOLD # 1 PRIMARY RESIDENCE

Parent Name: _____

Significant Other Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

Circle the following days of the week to provide transportation (TO) school from this address:

M T W R F

Circle the following days of the week to provide transportation (FROM) school to this address:

M T W R F

Signature of Parent/Guardian _____

Date _____

HOUSEHOLD # 2 RESIDENCE

Parent Name: _____

Significant Other Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

Circle the following days of the week to provide transportation (TO) school from this address:

M T W R F

Circle the following days of the week to provide transportation (FROM) school to this address:

M T W R F

Signature of Parent/Guardian _____

Date _____

Requests will be honored and processed contingent upon the following conditions:

1. Existing current bus route must go past the residence or designated bus stop. The bus will not add mileage to its route.
2. Any change will require filing a new form.
3. Arrangements should be on a regular, every school day arrangement. The District cannot assume responsibility for error in part-time arrangements. (e.g. Tuesday and Thursday, Pick Up at one home and Take Home at another, or every other week schedules.)
4. Last minute phone calls will not be accepted for modifications to a set transportation schedule for your child.
5. Requests for transportation to and/or from dual households **MUST BE RENEWED EACH SUCCEEDING SCHOOL YEAR.**

RETURN COMPLETED FORM TO:

TRANSPORTATION CENTER, 3180 DEMING WAY, MIDDLETON, WI 53562
Office Phone: 829-2365 Fax Number: 831-2534

Allow one week after submitting this form for a response. The request cannot begin until this form is approved and on file.

Dear Parent/Guardians:

___ Your request is hereby granted subject to the conditions and qualifications listed above.

___ Your request is denied due _____.

_____, Transportation Center _____ Date

Household # 1 Primary Residence

AM Bus # _____ Stop _____ Time _____
PM Bus# _____ Stop _____ Time _____

Household # 2 Residence

AM Bus # _____ Stop _____ Time: _____
PM Bus # _____ Stop _____ Time: _____