

HOWARDS GROVE PUBLIC SCHOOLS

July/August 2016

Dear Parents:

This form is being sent to help the school district and the bus contractor better determine the transportation needs of each family. Experience has indicated that some bus routes have had very few riders when seats are reserved for all students eligible to ride, and also that many older students eligible to ride chose not to. Therefore, **A SEAT WILL NOT AUTOMATICALLY BE RESERVED FOR YOUR CHILD UNLESS HE/SHE IS A DAILY SCHOOL BUS RIDER.**

Parents are asked to complete and return this form indicating whether or not their child(ren) will be a regular school bus rider by checking **yes** or **no** below and returning the form to the school office at registration.

If your child will **not** be a regular rider but the situation changes during the year, he/she will be eligible for transportation.

- 1) Change to bus rider status: Complete a "TRANSPORTATION CHANGE REQUEST" form (available at any school office or the school district web site hgsd.k12.wi.us).
- 2) Emergency change: Notify Harms Transportation (565-2375) and the school office.

Please complete the information below and RETURN AT REGISTRATION, to the school office.

BUS RIDERSHIP FORM

If we do not receive your reply, it will be assumed that bussing is not required.

Parent Name: _____ Phone # _____

Home Address: _____

Child(ren)'s Name(s)	Grade in 2016 – 2017	Riding the Bus? (check Yes or No)
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill out bottom portion IF request is being made for a pick-up or drop-off location different than your home address which will start with the first day of school unless specified differently.

PICK-UP POINT REQUESTED (ADDRESS): _____
(if address is different than home address)

DROP-OFF POINT REQUESTED (ADDRESS): _____
(if address is different than home address)

REASON FOR REQUESTING THE CHANGE: _____

EFFECTIVE DATE OF REQUEST: BEGINNING DATE _____ END DATE _____

I, the student's parent or legal guardian, request the changes as listed above and give the bus company legal permission to alter the regular pick-up or drop-off point.

SIGNATURE _____
PARENT/GUARDIAN

DATE _____