

KOBUSSEN BUSES LTD.

& De Forest Area School District

SPECIAL TRANSPORTATION REQUEST FORM

SPECIAL REQUEST FORMS ARE DUE TO KOBUSSEN ANNUALLY BY JULY 15 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. 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. 6592 Lake Rd, Ste. A

Windsor, WI 53598 (608) 729-0167 (office)

mary.baumann@kobussen.com

(please print)

Parent/Guardian Name: _____ Date: _____

Address: _____ City: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

*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 **picked up at:** and/or **dropped off at:**

(Please check all option(s) that will apply for your children)

Home **Other (to be completed below)** **Busing not needed**

Pick-up Location

Drop-off Location

Type: (Childcare, Dual Household, etc) _____

Address: _____

Name: _____

Phone: _____

Parent/Guardian Signature: _____

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.