

# PARDEEVILLE AREA SCHOOLS BUSING INFORMATION

Check which applies:    Special Bus Arrangements    Change of Address    New Student

● **Part 1: PLEASE FILL OUT COMPLETELY**

Anytime you make a change to these arrangements for two or more days, a new form must be filled out. Any child without a form will automatically be picked up and dropped off at the "HOME" bus stop Monday - Friday. This form is to be returned to Smith Bus or via the school mailbox. Contact Smith Bus at (608)429-2732 with any updates. **Parents are responsible to remind children where they are to be dropped off.**

PLEASE PRINT CLEARLY:

Last Name of Child(ren):		Grade(s):	
First Name(s) of Child(ren):			

Check box if NO busing is needed :

HOME INFORMATION:

Street Address:			
City:		Zip Code:	
Parent(s)/Guardian(s) Names:			
Mother- Work Phone:		Mother- Cell Phone:	
Mother Email:			
Father Work Phone:		Father- Cell Phone:	
Father Email:			

● **Part 2: FOR SPECIAL BUS ARRANGEMENTS ONLY**

<b>A</b>	Alternative Home:	Parent/Guardian	Name:		
	Address:				
	Phone:		Email:		
<b>B</b>	Daycare / Sitter #1:	Name:			
	Address:		Phone:		
<b>C</b>	Daycare / Sitter #2:	Name:			
	Address:		Phone:		

- Part 3: LOCATION OF CHILD(REN) PICK UP/DROP OFF

Write "HOME" in each box below when your child is riding from/to home. Write "A", "B", "C" in any box with an alternate transportation request.

	MON	TUE	WED	THUR	FRI
Pick Up					
Drop Off					
Late Start					
Early Dismissal					

### EMERGENCY MEDICAL INFORMATION

Please provide any medical information related to your child(ren) that would be necessary while on the bus and any special instructions on how to proceed. *For example: Allergy to bees, Food allergies, Seizures.*

Medical Concern	Signs/Symptoms	Treatment	Other Notes
<i>For Example: Bee Allergy</i>	<i>Swelling, wheezing</i>	<i>Epi pen in backpack</i>	<i>Able to use Epi pen on own.</i>

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