

PARDEEVILLE AREA SCHOOLS BUSING INFORMATION

Circle which applies: Special Bus Arrangement / 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): _____ Grades: _____

First Name(s) of Child(ren): _____

Check box if NO busing is needed:

HOME Home Address: _____
 City: _____ Zip Code _____

Parents/Guardians Names: _____

Home Phone () _____

Mother - Work Phone: () _____ Mother - Cell Phone: () _____

Father - Work Phone: () _____ Father - Cell Phone: () _____

Email - _____

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

A Alternative Home: Parent/Guardian Name: _____
 Address: _____
 Phone: () _____ Email: _____

B Day Care / Sitter #1 Name: _____
 Address: _____ Phone: _____

C Day Care / 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/or 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					

SEE REVERSE SIDE

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>
