

# Transportation Request USD #273

**2023-2024**

If you would like bus transportation for your student to and from schools you must complete this form and return it to the office. Students that are currently being transported must reapply for the new year. If you live within the city limits of Beloit you are not eligible for transportation.

**Student name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Student 2** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Student 3** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Student 4** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_ **School** \_\_\_\_\_

**Please check all that apply:**    **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **Will Call** \_\_\_\_\_

**Previous Bus Route #** \_\_\_\_\_

**Parents Names** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Father** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

If your student has any special needs or medical issues that the bus driver needs to know please list them below and on the back. If you have any questions or comments

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family | safety | service | respect