

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**

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