

USD 289 WELLSVILLE BUS ROUTE INFORMATION

Complete one form per family

Parent/Guardian Name(s) _____

Parent/Guardian #'s: Home ____ - ____ - ____ Cell ____ - ____ - ____ Work ____ - ____ - ____

Parent/Guardian Address _____

County: _____ Franklin _____ Miami _____ Douglas _____ Other: _____
Street/Road City Zip

No transportation provided for out of district addresses – no exceptions.

Pickup or Drop Address if different from above

Resident's Name: _____ Relationship to Student(s) _____

Contact # ____ / ____ / ____ i.e. Grandparent/Daycare

Street Address _____

I HAVE READ THE BUS WAIVER STIPULATIONS ON THE BACK OF THIS FORM AND AGREE TO THE TERMS AND CONDITIONS:

Signature _____ Date _____

Please list name and grade level of each student enrolled

Name of Student

Grade Level

Name of Student	Grade Level

Please write down any directions that may helpful to the bus driver

Please return this form to the secretaries of your students school by print or email.

Elementary: estransportation@usd289.org - Middle School: mstransportation@usd289.org - High School: hstransportation@usd289.org

Office Use Only: Miles Transported _____ Bus # _____ Driver _____

Waiver approved: ___ Yes ___ No **Comments:** _____