

# 2021-2022 Bus Stop Information



INDIAN  
COMMUNITY  
SCHOOL

10405 W. St. Martins Rd.  
Franklin, WI 53132  
(414) 525-6100  
[www.ics-edu.org](http://www.ics-edu.org)  
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## Bus Stop Information

Annual Bus Stops may be changed. The change will require a minimum of 3 school days to process and will only become effective as of the date set forth in the written approval given by the Head of School and their designee. Until such approval is received, parents/guardians shall arrange for transportation for their child(ren). This entire form must be completed to be accepted and processed.

Parent/Guardian Name: \_\_\_\_\_  
(First and Last. Please print clearly.)

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### AM Pick Up Address - Provide the complete address of where child(ren) will be picked up from.

Parent/Guardian/Relative/Daycare Name: \_\_\_\_\_  
(Please print clearly.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PM Drop Off Address - Provide the complete address of where child(ren) will be dropped off at.

Parent/Guardian/Relative/Daycare Name: \_\_\_\_\_  
(Please print clearly.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PLEASE LIST SIBLINGS OF THE STUDENT WHO WILL ALSO RIDE THE BUS:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and Last. Please print clearly.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and Last. Please print clearly.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and Last. Please print clearly.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and Last. Please print clearly.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First and Last. Please print clearly.)

Parent/Guardian Signature: \_\_\_\_\_  
(First and Last. Please print clearly.)

Today's Date: \_\_\_\_\_  
(Month, Day, Year)

### This section is for school use only.

Date received in office: \_\_\_\_\_  
(Month, Day, Year)

Request approved:

- ☐ Yes  
☐ No

Date letter sent to parent/guardian: \_\_\_\_\_  
(Month, Day, Year)

Date filed: \_\_\_\_\_  
(Month, Day, Year)