|  |  |
| --- | --- |
| Parent/Guardian:       | Date:       |
| Address:       |
| City:       | State:       | Zip:      |

|  |  |  |
| --- | --- | --- |
| Child/Children First & Last Name  | School of Attendance: | Grade: |
|       |       |       |
|       |       |       |

|  |
| --- |
| HOUSEHOLD #1 RESIDENCE |
| Parent Name:            |
| Significant Other Name:           |
| Address:       City/State/Zip :      Telephone:      Circle the following days of the week to provide transportation **(TO)** school from this address:M T W R FCircle the following days of the week to provide transportation **(FROM)** school to this address :M T W R F     Signature of Parent/Guardian |

|  |  |
| --- | --- |
| HOUSEHOLD #2 RESIDENCE |  |
|  Parent Name:            |  |
| Significant Other Name:           |  |
| Address:       City/State/Zip :      Telephone:      Circle the following days of the week to provide transportation **(TO)** school from this address:M T W R FCircle the following days of the week to provide transportation **(FROM)** school to this address :M T W R F     Signature of Parent Guardian |  |
|  |  |

**Requests will be honored and processed contingent upon the following conditions:**

1. The Parent/Guardian address is in the attendance area of the student’s school of attendance.
2. Any change will require filing a new form.
3. It is the responsibility of the student/parent for the student to know which bus he should ride each day.
4. Last minute phone calls will not be accepted for modifications to a set transportation schedule for your child.
5. Requests for transportation to and/or from dual households MUST BE RENEWED EACH SUCCEEDING SCHOOL YEAR.

**PLEASE RETURN COMPLETED FORM TO:**

**TRANSPORTATION SERVICES, 200 S BROADWAY, GREEN BAY, WI 54303**

**OFFICE PHONE: 920-448-2130 OFFICE FAX: 920-272-7066 or**

**TRANSPORTATION @GBAPS.ORG**