

SCHOOL DISTRICT OF RHINELANDER

and

BOWEN'S BUS SERVICE

Return form to - Mail: PO Box 43 McNaughton WI 54543
Email: school@bowensbusinc.com Fax to: (715) 362-3997
QUESTIONS – 715-362-3996

2020-21 BUS TRANSPORTATION REGISTRATION FORM

(Please Read Carefully)

Dear Parent/Guardian:

The school district and Bowen's Bus Service are requesting that **ONLY THOSE STUDENTS WHO REQUIRE BUS TRANSPORTATION FOR THE SCHOOL YEAR COMPLETE THIS FORM**. IF YOUR CHILD IS ELIGIBLE AND WILL REQUIRE BUS TRANSPORTATION TO AND/OR FROM SCHOOL, PLEASE COMPLETE THE INFORMATION ON OPPOSITE SIDE AND **RETURN THIS FORM NO LATER THAN FRIDAY, JULY 24th TO BOWEN'S BUS SERVICE** (see above for options). FORMS RECEIVED AFTER THAT DATE WILL DELAY BUS TRANSPORTATION FOR STUDENTS, AND PARENTS/GUARDIANS WILL BE RESPONSIBLE FOR TRANSPORTING THEIR CHILD UNTIL THEY HAVE BEEN NOTIFIED THAT BUSING HAS BEEN ARRANGED.

It is the mission of the school district and Bowen's Bus Service to provide for the safety of all children while being transported. To help accomplish this, parents/guardians are asked to **provide information regarding any special medical conditions that their child may have** (i.e. diabetes, allergic reactions to bee stings, etc.). Any medical information that is provided will be kept confidential and shared only with the child's bus driver and/or bus monitor. For the safety of all children riding the bus, it is the parent's/guardian's responsibility to notify Bowen's Bus Service regarding a child's special medical conditions.

DISTRICT BUSING POLICY

The legal responsibility of the District in transporting students to/from school is limited to providing services to their legal residence. Student safety, winter weather conditions and transportation efficiency require that students be expected to walk less than two (2) miles to a bus stop. Therefore, the following walking distances have been established.

- A. Walking distance **outside** the City of Rhinelander to a safe bus stop will be:
 - 1. Secondary (6-12) students: up to three quarters (3/4) of a mile
 - 2. Elementary (1-5) students: up to one half (1/2) of a mile
 - 3. Kindergarten and 4K students are expected to walk the same distance elementary students walk (1/2 mile)
Kindergarten and 4K students will need a responsible adult present at the bus stop
- B. Walking distance in the City of Rhinelander to school will be:
 - 1. Secondary (6-12) students – up to two (2) miles
 - 2. Elementary (1-5) students: up to one (1) mile
 - 3. Kindergarten and 4K students : up to three quarters (3/4) mile
Kindergarten and 4K students will need a responsible adult present at the bus stop
- C. A student not eligible for transportation may be transported if there is room on an existing bus route and the bus does not have to alter the bus route or incur any additional cost to the district.
- D. If a parent wishes to make a request for bus service to a bus stop other than the one scheduled from their legal resident address, the following criteria must be met:
 - 1. All requests, including day care, must be made using the form below. Any changes to the pickup and/or drop-off locations during the course of the school year require that parents fill out another form. Once received by the bus service, requests may take up to **two weeks** to finalize. Please plan accordingly.
 - 2. One alternate location is allowed per child. Court-ordered situations will be reviewed separately, and proof of the court order may need to accompany your request.
 - 3. One change only in an eighteen-week period will be allowed. The Superintendent or his/her designee may consider changes under unusual or emergency situations.
 - 4. Parent/guardian may request transportation to a school outside of their resident attendance area; however, the bus will not deviate from its route to accommodate a request.
 - 5. Available seating on the bus will be a consideration for approval or denial of the request.
 - 6. A request will not be approved if it causes additional cost to the District.

If you do not submit this form as required, your child will not be provided bus transportation services. Should transportation service become necessary at some point during the school year, you are required to complete this form and submit it to Bowen's Bus Service. Transportation will be provided by Bowen's as soon as possible after receipt of this form.

2020-2021 BUS TRANSPORTATION REGISTRATION FORM

Please completely fill out sections that are needed.

Requested starting date: _____ (please allow up to 2 weeks for processing)

Primary Home Address: _____

Do you need busing for this address? Yes No How Often: Every Day Every Other Week Varies
 Is this a change of address? Yes No

Student's Name	Grade	School	Will Ride A.M. Only	Will Ride P.M. Only	Both A.M. & P.M.

4K Day preference – choose one () Mon/Wed () Tues/Thurs () N Stevens 4- ½ days () No preference

Alternate Location Information: If your child will need to be picked up or dropped off at an address other than your home address, you must complete this section.

When: Pickup Drop-off Both *Days:* M T W T F *How Often:* Every Day Every Other Week Varies

Is home busing requested? Yes No Other info: _____

Alternate Name: _____

Alternate Address: _____

Alternate Phone #: _____

- Discontinue alternate transportation- Transport only to primary address
- Discontinue previous alternate transportation- Transport to above alternate location

Parochial Shuttle to JWMS only - Any parochial student who will need to ride the shuttle bus is asked to complete this section.
This is only for students needing a ride to an afterschool activity (not for home busing).

Student _____ After School Activities _____
 Student _____ After School Activities _____
 Student _____ After School Activities _____
 Student _____ After School Activities _____

Special Medical Conditions (if any) of the Child

Child's Name _____ Medical Condition(s) _____
 Child's Name _____ Medical Condition(s) _____
 Child's Name _____ Medical Condition(s) _____

Parent Contact Info: Please list phone numbers in the order you would like them called if we need to contact you.

Parent/Guardian Name _____ Contact Phone: _____

Parent/Guardian Signature _____

Contact Name _____ Contact Phone: _____

Contact Name _____ Contact Phone: _____

Email address: _____ Date completed: _____

OTHER INFO/COMMENTS _____

Transportation Office Use Only

Approved ____ Denied ____ Reason (if denied) _____ Informed Parent _____ Starting Date: _____

Added to Route _____ Added to Notes _____ Notified Driver _____ Faxed School _____ Emailed admin _____

Bus #: _____ Stop Location _____ Pick-Up Time: _____ Drop off Time: _____ Shuttle #: _____

Alt Bus#: _____ Stop Location _____ Pick-Up Time: _____ Drop off Time: _____ Date Completed: _____