

2026-27 BUS TRANSPORTATION REGISTRATION FORM

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

PARENT INFORMATION (Please Read Carefully)

Busing could take up to 2 weeks to set up. You will be notified when busing is ready for your student to begin riding.

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

DISTRICT BUSING POLICY

The legal responsibility of the Rhinelanders School 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 Rhinelanders to a safe bus stop will be:

1. Secondary (6-12) students: up to three quarters (3/4) of a mile
2. Elementary (4K-5) students: up to one half (1/2) of a mile

Kindergarten and 4K students will need a responsible adult present at the bus stop.

B. Walking distance in the City of Rhinelanders to school will be:

1. Secondary (6-12) students: up to two (2) miles
2. Elementary (4K-5) students: up to one (1) 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, 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. Only 1 bus change allowed per quarter.
3. Busing to 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.
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 alternate request.
6. An alternate request will not be approved if it causes additional cost to the District.
7. Please make sure you are out **ready and waiting for the bus five (5) minutes before your scheduled time.** Traffic, weather, and other students can affect bus times. If your student is ready to board the bus when the bus stops, it will help buses stay on time. If a spare driver is driving, it helps them locate students and bus stops.

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.

DISTRICT BUS RULES

It is the mission of the Rhinelanders 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 please go over the following rules with their student(s):

1. Listen to the bus driver.
2. Sit in your set correctly – Bottoms to bottoms, backs to backs, and face the front.
3. Use inside voices when talking to the person next to you. No yelling.
4. Keep your hands and your belongings to yourself.
5. Stay out of the aisle.
6. No eating or drinking on the bus.
7. Remain orderly at the bus stop. The bus and bus stop are extensions of the classroom.

Thank you for helping keep everyone on the bus safe by reminding your students(s) of these rules throughout the year. Please contact us if you have any questions or concerns.

2026-2027 BUS TRANSPORTATION REGISTRATION FORM

Please completely fill out sections that are needed. Return to Bowen's Bus Service.
Mail: PO Box 43 McNaughton WI 54543 Email: school@howensbusinc.com Fax to: (715) 362-3997

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.

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 Parochial Shuttle only

Days: M T W T F How Often: Every Day Every Other Week Varies

Is home busing requested? YES NO

Alternate Name: _____

Alternate Address: _____

Alternate Phone #: _____

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

OTHER INFORMATION: Is there any other information you would like to share with the bus company or the driver? This is where you would put information about schedules, medical information, etc. we might need to know. It is the parent's/guardian's responsibility to notify Bowen's Bus Service regarding a child's special medical conditions. All information is kept confidential.

Does your child have an IEP that requires Special Ed busing? YES NO

Does your child have a medical condition? YES NO

Comments _____

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:** _____

Email address: _____ **Date completed:** _____

Signature certifies that you read all the information provided. It is correct to the best of your knowledge. I certify that my child(ren) will follow the bus rules listed above and will listen to the driver for everyone's safety. It may take up to 2 weeks for busing to be set up.

Parent/Guardian Signature _____

Emergency Contact Name _____ **Phone:** _____

Emergency Contact Name _____ **Phone:** _____

Transportation Office Use Only

Shuttle # _____ Denied/Reason _____ Starting Date: _____

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

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

Added to Route _____ Informed Parent _____ Notified Driver _____ Faxed School _____