

2022-23 School Year

Manawa School District - Student Bus Registration

**Parents/Guardians must complete this form in order for your child to be transported.**

**Whenever pick up or drop off points change, a new form must be submitted.**



Please complete this form for **EACH STUDENT. EVEN IF THEY WILL NOT BE RIDING THE BUS.**

To create efficient bus routes and to reduce the wasteful expense of "unused" busing, it is necessary to discern who will and who won't need bus transportation. If your student needs busing at a later time, he/she can be added to the bus route.

Allow three (3) business days for changes to the bus route to take effect. Changes may affect the pick-up and drop-off times of existing bus routes.

**Please email the bus garage with any questions:** [**Natasha.Knapp@kobussen.com**](mailto:Natasha.Knapp@kobussen.com) **or** [**Jacob.Elsner@kobussen.com**](mailto:Jacob.Elsner@kobussen.com) **or Call: (920) 389-1500**

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| **Student Information** | Transportation to begin: | | Start of School Year | On (Enter Date): / / | |
| Student Name: |  | | | School: | Grade: |
| Student Name: |  | | | School: | Grade: |
| Student Name: |  | | | School: | Grade: |
| AM Pick Up Location (Check One) | | NO RIDE NEEDED | HOME | OTHER (Explain) | |
| PM Drop Off Location (Check One) | | NO RIDE NEEDED | HOME | OTHER (Explain) | |
| Medical or Useful Information about Student(s) | |  | | | |
| **Family Information** | |  | | | |
| Physical Home Address: | | | | Mailing Address if Different: | |
| Parent/Guardian Name: | | | Relationship to Student: | | Phone: |
| Parent/Guardian Name: | | | Relationship to Student: | | Phone: |
| Emergency Contact Name: | | | Relationship to Student: | | Phone: |
| **Alternate Bus Stop** | | Parents may designate no more than **ONE** alternate location for pick up and/or drop off  **IMPORTANT:** The parent must provide a MONTHLY calendar to the Bus Driver | | | |
| Physical Address: | | | | Notes: | |
| Parent/Guardian Name: | | | | Phone Number: | |
| **Parent/Guardian Signature:** | | | | **Date:** | |
| **Office use Only** | AM Rt. #: | PU Time: | PM Rt. #: | DO Time: | Entered: |