

TRANSPORTATION DEPARTMENT

729 N. Webb Avenue, Reedsburg, WI 53959

Phone: (608) 768-8940

www.rsd.k12.wi.us

Busing Change Form

Please fill out this form ONLY if your child should be picked up and/or dropped off at a place OTHER than your home address, which is listed in Skyward. This form must be completed for each child in the family. Only one pick-up location and one drop-off location is permitted.

This must be five days a week.

Student Name: _____

Student Home Address: _____

Home Phone Number: _____

Best Time to Reach Parent or Guardian: _____

School: _____

New Pick-Up Information:

Name of Child Care Provider: _____

Address of Child Care Provider: _____

Phone number: _____ Effective date of change: _____

New Drop-Off Information:

Name of Child Care Provider: _____

Address of Child Care Provider: _____

Phone number: _____ Effective date of change: _____

Any changes MUST be in writing and submitted at least **five** working days prior to the change to authorize the School District of Reedsburg to pick up or drop off your child at a new location. **Please contact the Transportation Department with questions (608) 768-8940.**

Parent or Guardian Signature

Date