

Pape School Bus Inc.
2017-2018 Student Transportation Contract

papeschoolbus@gmail.com / 1-715-985-3688
(Please use a separate form for each child)

Name:			
Grade:		School:	

Home Address: _____

Home Phone: (____) _____ - _____

Parent/Guardian Information:

Name		(____) _____ - _____	
		Phone Number	
Name		(____) _____ - _____	
		Phone Number	

Student Transportation Contract must be completed before your child will be transported
(2 business day processing time)

AM Pick Up Location

Mon	
Tues	
Wed	
Thurs	
Fri	

PM Drop Off Location

Mon	
Tues	
Wed	
Thurs	
Fri	

My child does not need *morning* bus

My child does not need *afternoon* bus

transportation at this time

transportation at this time

By completing the Student Transportation Contract, both the parent and the student are agreeing to the rules and policies stated within the School Handbook.

Parent Signature

____/____/____
Date

*****This Section For Transportation Department Use Only*****

Date Received _____ / _____ / _____	Date Processed _____ / _____ / _____
AM Bus # _____	School Notified _____ / _____ / _____
Noon Bus # _____	Parent Notified _____ / _____ / _____
PM Bus # _____	<input type="checkbox"/> 4K/EC AM <input type="checkbox"/> 4K/EC PM <input type="checkbox"/> Special Needs <input type="checkbox"/> Wheelchair <input type="checkbox"/> Car Seat