Return form to:
Plymouth Jt. School District
Attn: Jon Miller
125 Highland Avenue
Plymouth, WI 53073
Phone 920-892-2661
Fax 920-892-6366

SCHOOL BUS REGISTRATION
2012-13

Johnson School Bus Service
808 Valley Road
Phone 920-893-5941
Fax 920-892-6433
Email: jbply@frontier.com

Please Print

Student Name _____ Date of Birth _____ Sex: M F
Last First Middle Initial

School Attending _____ Grade _____

Parent/Guardian Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

Starting Date _____ Ending Date _____

Transportation is limited to no more than two (2) locations (including the home residence) and must be within the school's attendance area unless approved by the school principal. Requests for changes in pick-up or drop-off location will be considered based on space availability and on a first-come, first-serve basis. Routes will not be extended or altered to accommodate requests. The request must be made by the parent/guardian, not the daycare provider.

This Section to be completed for daycare only

The alternate Address is a (circle one): Daycare provide Relative Other

Alternate Address _____

City _____ Zip _____ Phone _____

Caregiver Name _____

	Check Days That Apply					
	All	Mon	Tues	Wed	Thur	Fri
A.M. Pick-up						
Noon Pick-up						
Noon Drop-off						
P.M. Drop-off						

Parent/Guardian Signature _____ Date _____

For School Use Only

Administrator Approved _____ Date _____

For Bus Company Only

This request has been: Approved Disapproved Dated _____

Reason _____

AM Route # _____ Noon Route # _____ PM Route # _____ Alt. Route # _____