

Return form to:  
Plymouth Jt. School District

Attn: Amy Williams  
125 Highland Avenue  
Plymouth, WI 53073

amwilliams@plymouth.k12.wi.us  
Phone 920-892-2661

Fax 920-892-6366

**SUMMER SCHOOL  
ONLY  
SCHOOL BUS REGISTRATION**

ONE student per form

Johnson School Bus Service  
808 Valley Road  
Plymouth WI 53073  
Phone: 920-893-5941

**DUE MAY 29TH TO DISTRICT OFFICE**

**Please Print**

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

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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. Please refer to Board Policy #8500 regarding the use of video and audio surveillance during transportation.

<b>This Section to be completed for daycare only</b>	The alternate Address is a ( <i>circle one</i> ):    Daycare provider    Relative    Other						
	Alternate Address _____						
	City _____ Zip _____ Phone _____						
	Caregiver Name: _____						
	Check Days That Apply						
	A.M. Pick-up	All	Mon	Tue	Wed	Thur	Fri
	Noon Pick-up						
	Noon Drop-off						
	P.M. Drop-off						

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Bus Company only</b>			
This request has been	Approved	Disapproved	Dated _____
Reason _____			
AM Route # _____	Noon Route # _____	PM Route # _____	Alt Rt # _____