

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

SCHOOL BUS REGISTRATION

2024-2025 SY

2024-25 SY Bus forms are
due JUNE 30, 2024

Forms received after 6/30/2024
will delay bus assignment.

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.

This Section to be completed for daycare only	The alternate Address is a (circle one): Daycare provider Relative Other																																																																				
	Alternate Address _____																																																																				
	City _____ Zip _____ Phone _____																																																																				
	Care giver Name: _____																																																																				
	<table border="1"><thead><tr><th rowspan="2"></th><th colspan="6">Check Days That Apply</th></tr><tr><th>All</th><th>Mon</th><th>Tue</th><th>Wed</th><th>Thur</th><th>Fri</th></tr></thead><tbody><tr><td>A.M. Pick-up</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Noon Pick-up</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Noon Drop-off</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> </td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P.M. Drop-off</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>								Check Days That Apply						All	Mon	Tue	Wed	Thur	Fri	A.M. Pick-up														Noon Pick-up														Noon Drop-off														P.M. Drop-off						
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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 Rt # _____