Return form to:
Plymouth Jt. School District
125 Highland Avenue
Plymouth, WI 53073
amwilliams@plymouth.k12.wi.us
Phone 920-892-2661 Fax 920-892-6366

ANNUAL

School Bus REGISTRATION

2025-2026 SY
***One** student per form*

2025-26SY Bus forms are Due July 15, 2025 Forms received after 7/15/2025 will delay bus assignment.

Bus registeration MUST be completed ***annually*** for each student.

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 survellance 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: _____

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

Parent/Guardian Signature _____Date _____

For Bus Company only
This request has been Approved Disapproved Dated _____

Reason _____

AM Route #_____ Noon Route #_____ PM Route #_____ Alt Rt #_____