

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
2026-2027 SY
One student per form

**2026-27 Bus forms are
Due July 17, 2026
Forms received
after 7/17/2026
will delay assignment.**

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

Please Print

Student Name _____ Date of Birth _____ Sex: _____
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: _____							
	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 _____

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