



SCHOOL DISTRICT OF

# Reedsburg

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## Busing Change Form

Fill out this form ONLY if your child should be picked up and/or dropped off at a place OTHER than your home address, which is listed in Skyward. This form must be completed for each child in the family. Only one pickup location and one drop off location is permitted. **This must be five days a week.**

Student name: \_\_\_\_\_

Student home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Best time to reach parent or guardian: \_\_\_\_\_

School: \_\_\_\_\_

### New Pick Up Information: (other than child's home)

Name of child care provider: \_\_\_\_\_

Address of child care provider: \_\_\_\_\_

Phone number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

### New Drop Off Information: (other than child's home)

Name of child care provider: \_\_\_\_\_

Address of child care provider: \_\_\_\_\_

Phone number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

Any changes **MUST** be in writing and submitted at least five working days prior to the change to authorize the School District of Reedsburg to pick up or drop off your child at a new location. **Please contact the Transportation Department with questions 768-8940.**

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Parent or guardian signature

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date