



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · 715-635-2171 · www.spooner.k12.wi.us

TRANSPORTATION INFORMATION

Date _____

Student Name:

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Last Name

First Name

M

Grade

First Family Information

Parent Name _____ Relationship to Child _____

Phone Home _____ Cell _____ Work _____

Address (use street name and fire address – no PO box numbers)

My child will ride the bus to/from this residence: yes no If yes, which days _____

Other Information _____

Second Family Information

Parent Name _____ Relationship to Child _____

Phone Home _____ Cell _____ Work _____

Address (use street name and fire address – no PO box numbers)

My child will ride the bus to/from this residence: yes no If yes, which days _____

Other Information _____

Emergency Name & Phone Number _____

Do you have other students presently riding a bus? _____

If yes, please give names and bus route. Route _____ Bus # _____

Bus Driver Name _____

Student Names _____

Destination requests other than home with phone number (neighbor, daycare, etc.) _____

Medical Information: Is there any special condition we should know about to help us in transporting your child? If so, please explain. All information is confidential. _____

