

Spooner Area School District

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

TRANSPORTATION INFORMATION

Date						
Student Name:						
Last Name	First Name		M	Grade		
First Family Information						
Parent Name	Relationship to Child					
Phone Home	Cell	Cell Work				
Address (use street name and	fire address – no PO b	oox numbers)				
My child will ride the bus to/	from this residence:	yes no If y	res, which d	ays		
Other Information						
Second Family Information						
Parent Name	Name Relationship to Child					
Phone Home	Cell			_ Work		
Address (use street name and	fire address – no PO b	oox numbers)				
My child will ride the bus to/	from this residence:			ays		
Other Information						
Emergency Name & Phone N	Number					
Do you have other students p	resently riding a bus?					
If yes, please give names and	bus route.	Route		Bus #		
Bus Driver Name						
Student Names						
Destination requests other than	an home with phone nu	ımber (neighbor,	daycare, etc	z.)		
Medical Information: Is there	e any special condition	we should know	about to hel	p us in transporting yo	ur child? If so,	
please explain. All information	on is confidential					

This transportation form will become part of the student's cumulative record and is valid for the duration of their education with SASD. Please notify the school immediately if transportation arrangements or contact information changes.