STUDENT TRANSPORTATION REQUEST

Start Date: _____

☑ To School Only ☐ Home Only ☐ To School and Home ☐ Booster Seat ☐ Wheelchair ☐ Harness ☐ IA
(All IA's must be approved by the Director of Pupil Services.)

Special Education – Specific Program

☐ FHS IDS 8:30 – 2:30
☐ FHS EBDSC 8:50 – 2:35
☐ MPTC 8:45 – 2:00
☐ WINGS 9:00 – 2:00

☐ Sabish IDB 7:55 – 3:06
☐ Sabish IDS 7:55 – 3:06
☐ Sabish EBDSC 9:00 – 2:45
☐ Theisen IDS 7:55 – 3:06
☐ Woodworth EBDSC 9:00 – 2:45

☐ Evan EBDSC 8:45 – 2:30
☐ Pier EBDSC 8:45 – 2:30
☐ Riverside IDS 8:15 – 3:15
☐ Roberts IDS 8:10 – 3:10
☐ Roberts EBDSC 8:45 – 2:30
☐ Waters IDS 8:10 – 3:10

☐ Normal School Day – Disability:

Early Childhood and Phono

Program Days: _____   AM Program ☐   PM Program ☐
(Example: M/W/F or T/TH or M thru F)

(One Student Per Card)

Student's Name: _____   **Date** _____

Phone: _____   **School Transported to:** _____

Parent's Name _____   **Grade:** _____ **ID#** _____

Address _____

City/State/Zip _____

Alternate Phone : _____   **Email Address:** _____
                                                 * Required

Only complete the pick-up address and drop-off address areas if different from the home address.

Pick-up Address: _____   **Drop-off Address:** _____

Special Instructions: _____

_____

Return bus card to:

FDL School District
Pupil Services/Transportation
72 W Ninth Street
Fond du Lac , WI 54935