

SEYMOUR COMMUNITY SCHOOL DISTRICT
FOUR YEAR OLD KINDERGARTEN TRANSPORTATION FORM

General Information

STUDENT NAME: _____ BIRTH DATE: _____ GENDER: _____

PARENT/GUARDIAN NAMES: _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE NUMBER: _____ EMAIL: _____

School Placement Preference:

Please check the box to indicate your school preference. Please note that any preference for a school that isn't your designated home school will require an open enrollment letter to the superintendent.

Site Preference (Check one box):

- Rock Ledge Primary Center Black Creek Elementary

Method for Transporting to/from school (Check one box):

- Pick/Drop Off Walk Bus (please complete information below)-

COMPLETE INFORMATION BELOW IF TRANSPORTATION IS NEEDED

Transportation Request:

The following information must be completed for any child/children eligible for bus transportation for the 4-K program. Transportation will be provided to all rural district resident students who reside two miles or more from the public school which they attend. Students living within the two mile limit will be furnished transportation if the area has been designated as "hazardous" by appropriate traffic officers and approved by the state.

If your child is eligible for bus transportation, we allow **one pick up point and one drop off point**. (Example: pick up at home & drop off at sitter). Please list your request below.

Bus Pick Up Address: _____ City/Village _____

Bus Drop Off Address: _____ City/Village _____

If pick up or drop off listed above is other than your home address, please fill out the information below. This alternative location will be either approved or disapproved by the transportation director.

Name of responsible adult at alternative pick up _____ Phone # _____

Name of responsible adult at alternative drop off _____ Phone # _____

Parent/Guardian Signature: _____ Date _____

SEYMOUR COMMUNITY SCHOOL DISTRICT

CENSUS INFORMATION

We are required, by the Wisconsin Department of Public Instruction, to keep a record of all children residing in the Seymour Community School District. The children do not need to attend Seymour Community School District, but still need to be counted. (Example, children being homeschooled, attending a private or virtual school or not enrolled in any school.).

EFFECTIVE DATE: _____

PARENTS/GUARDIAN NAME: _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE NUMBER: _____

List all children living at the above address from ages 0 through 20

If the child is not currently attending school, please write N/A for the grade.

<u>Student Name (First, Middle, Last Name)</u>	<u>Date of Birth</u>	<u>Gender (M or F)</u>	<u>Grade</u>
1. _____	_____	_____	_____
Name of school: _____			
2. _____	_____	_____	_____
Name of school: _____			
3. _____	_____	_____	_____
Name of school: _____			
4. _____	_____	_____	_____
Name of school: _____			

Signature of person filling out this form

Date