

# K-12 Transportation Request To/From Location Other than Home/Boundary School

Submit Completed Form to First Student, 2321 Commerce St, La Crosse WI 54603  
Fax: 608-781-4294 or Email as attachment to: firststudentlacrosse20761@gmail.com

Use this form to request transportation to/from day care/before/after school care/choice/charter school  
Complete separate form for each student  
This form MUST be completed to request transportation for anything other than home to school  
Alternative transportation cannot be guaranteed  
Depending on the student's eligibility for free transportation, charges may apply (payable to First Student)  
In most cases, transportation is not provided for students who have been granted a boundary exemption  
IEP driven Special Education transportation and 4 yr old Preschool/Kindergarten each have their own unique form  
After First Student receives the request, please allow 3 days for processing

Student Name \_\_\_\_\_

Student Grade (at time transportation is requested) K 1 2 3 4 5 6 7 8 9 10 11 12

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Choice/Charter School Transportation Request:** A shuttle will be provided from the boundary school to the choice/charter school. Staggered school start times do not allow the district to guarantee that the student can ride the bus from home to the boundary school then catch the choice/charter shuttle. Only the shuttle from the boundary school to the choice/charter school can be provided with certainty.

Boundary School: \_\_\_\_\_ Choice/Charter School: \_\_\_\_\_

Request:  Pickup  Drop off

Additional Information: \_\_\_\_\_

Approved:  Pickup  Drop off Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Before/Afterschool Transportation Request:** Transportation to or from a place other than home to the boundary school may or may not be able to be accommodated. The requested stop must be within the boundary of the attendance school. Further evaluation factors include: actual requested stop location (relationship to existing stops), time constraints on the route (length of ride for other riders and additional route segments), room on the bus. Finally, student safety, the request must be consistent and non-alternating in order to be considered for accommodation.

School: \_\_\_\_\_  Pickup  Drop off

Requested Alternative Pickup Location & Address: \_\_\_\_\_

Requested Alternative Drop off Location & Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Approved:  Pickup  Drop off Signature: \_\_\_\_\_ Date \_\_\_\_\_