

INSTRUCTIONS
2015-16
K-12 Transportation Request

Complete a separate form for each student
Submit Completed Form to First Student, 2321 Commerce St, La Crosse WI 54603
Fax: 608-781-4294 or Email as an attachment to firststudent.lacrosse@firstgroup.com

- * A new transportation request must be completed each year.
- * Alternative transportation cannot be guaranteed but will be accommodated when it fits into the current routing scheme.
- * IEP driven Special Education transportation and 4 year-old Preschool/Kindergarten each have their own unique transportation form.
- * After First Student receives the request, please allow 3 school days for processing.

Choice/Charter Transportation Request:

A shuttle will be provided from the boundary school to the choice/charter school. Alternatively, a student may board the bus at any neighborhood elementary/middle/or high school (a school within the student's same level). School start times do not allow the district to guarantee that a student can ride the bus from home to the boundary school and then catch the choice/charter shuttle. Only the shuttle from a school to the choice/charter school will be provided with certainty.

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. Finally, for student safety purposes, the request must be consistent and non-alternating in order for it to be considered for accommodation.

After School Boys & Girls' Club Shuttles:

With a completed transportation request, elementary shuttle service is provided to the Boys and Girls' clubs.

Transportation for a Boundary Exemption: If a student has received permission to attend a school outside their attendance area, and the school is not designated as a choice/charter school, transportation is the responsibility of the parents/guardians. Depending on very limited circumstances, paid busing may be able to be accommodated - see below.

Paid Busing:

In very limited circumstances, when a student attends a school within two miles of their home, transportation may be able to be accommodated. In these rare circumstances, fees will be charged and will be payable directly to, First Student. Evaluation factors include: actual requested stop location (relationship to existing stops), time constraints on the route (length of ride for other riders and subsequent route segments), whether there is capacity on the bus.

A.M. and P.M. ride:	\$200 annually per family or \$117.84 per semester per family
A.M or P.M. ride:	\$100 annually per family or \$58.92 per semester per family
Reduced amounts are available for students who qualify for free or reduced lunches	
A.M. and P.M. ride:	\$50 annually per family or \$25 per semester per family
A.M or P.M. ride:	\$25 annually per family or \$12.50 per semester per family

General Transportation Guidelines:

Free transportation is provided to students who live more than two miles away from their boundary school.

In addition to other criteria, routes are developed so that students do not have travel time longer than one hour and fifteen minutes and generally do not arrive at school earlier than thirty minutes before classes start.

The responsibility for students rests with the parents/guardians until the students actually board the bus and after the student gets off the bus on the return trip.

First Student Contacts:

Phone: 608-781-3880 or 608-781-3881
Email: firststudent.lacrosse@firstgroup.com
Fax: 608-781-4294

District Contacts:

District Liaisons for First Student Transportation: Kermit King 608-789-7663 or Janet Rosseter 608-789-7652
Preschool/4 yr old Kindergarten: Julie Lawrence 608-789-7006
IEP Special Education Transportation: Sue Dwyer 608-789-7688

Student Name _____

Student Grade (for year listed above) K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Guardian Name _____

Day Phone and/or Cell _____

Email _____

Street _____ City _____ Zip Code _____

Attendance School: _____ Requested Effective Date: _____

Use Home Address for Pickup Routing

Use Home Address for Drop off Routing

Requested Alternative Pickup Location & Address: _____

Requested Alternative Drop off Location & Address: _____

Additional Information: _____

Pickup transportation is not requested at this time

Drop off transportation is not requested at this time

Parent/Guardian Signature: _____ Date _____

***** Office Use Only: *****

Pickup Approved Drop off Approved Unable to accommodate Pickup Unable to accommodate Drop off

Date of Communication with Parent _____ Email Phone Mail

Signature: _____ Date _____