

Check the box if transportation is not required

**REQUEST FOR TRANSPORTATION FORM** - *This form must be completed each year.*

Safe-Way Bus Co.  
 596 Schommer Drive, Hudson, WI 54016  
 715-386-2824 – Laurie Henn  
[safe-way@hudson.k12.wi.us](mailto:safe-way@hudson.k12.wi.us)

Next school year grade level:

Skyward ID # (secretary)

**Check school your child attends:**

<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> St. Patrick's	<input type="checkbox"/> Trinity	<input type="checkbox"/> Willow River
<input type="checkbox"/> Houlton	<input type="checkbox"/> North Hudson	<input type="checkbox"/> Hudson Prairie	<input type="checkbox"/> River Crest	<input type="checkbox"/> E.P. Rock

Today's Date:

Transportation Starting Date:

Student Name (print)

**PRIMARY RESIDENCE (Family #1)**

Address

Home phone

Parent 1 Name

Email

Parent 1 Work phone

Cell phone

Parent 2 Name

Email

Parent 2 Work phone

Cell phone

**TRANSPORTATION INFORMATION - ONE FORM MUST BE COMPLETED PER CHILD**

**To School:** From Home \_\_\_\_\_ From Childcare \_\_\_\_\_

**From School:** To Home \_\_\_\_\_ To Childcare \_\_\_\_\_

Name of Childcare provider \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Transportation Eligibility Policy:**

- Transportation will be provided for students in grades K-\* living one mile or more from the school they attend and for students in grades 9-12 living two miles or more from the school they attend. Distance from the school is determined along the shortest route on a public roadway.
- Only one pickup and one deliver location within the District is permitted (exception\*);
- Childcare provider must reside within your child's attendance area.

\*Exception – If a child legally resides at two parental households (Family 1/Family 2) within the school District.

**SECONDARY RESIDENCE (Family #2) – if applicable**

Address

Home phone

Parent 1 Name

Email

Parent 1 Work phone

Cell phone

Parent 2 Name

Email

Parent 2 Work phone

Cell phone

**TRANSPORTATION INFORMATION - ONE FORM MUST BE COMPLETED PER CHILD**

**To School:** From Home \_\_\_\_\_ From Childcare \_\_\_\_\_

**From School:** From Home \_\_\_\_\_ From Childcare \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL YOUR CHILD IS ATTENDING**

For additional information visit: [www.hudson.k12.wi.us](http://www.hudson.k12.wi.us)