Annual Transportation Application (also New Students or Address Changes) SPENCER SCHOOL DISTRICT BURNETT TRANSIT

This form must be filled out <u>every year</u> prior to start of the new school year by all students in the district who desire transportation. Also all <u>new students entering the district or any students that have changed addresses must fill out this form to notify us of their current address.</u>

PLEASE CHECK ONE OF THE FOLLOWING: New Student(s): _ Current Student(s): _ Change of Address: _ Students: Last Name	Please fax or mail immediately to: Date: Date transportation will begin:			Burnett Transit, Inc. B3866 Hwy 13 Spencer, WI 54479 Ph: 715-659-4391 or Fax: 715-659-5497		
New Student(s): Current Student(s): Change of Address:						
Last Name First Name Middle In. Grade Now In	LEASE CHECK ONE OF THE FOLLO	WING:				
Last Name First Name Middle In. Grade Now In		dent(s):	_ Change of	Address:		
Will you be using bus transportation this year?		First Name	Middle In	Grade Now I	2	
Will you be using bus transportation this year?				Grade Now 1	.1	
Will you be using bus transportation this year?						
Will you be using bus transportation this year?						
Will you be using bus transportation this year?						
Will you be using bus transportation this year?						
Address: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Call phone: Cell phone: Cell phone: Cell phone:						
Mailing address (if different than above): Name of: Father:	Vill you be using bus transportation this year	r? Yes	□No			
Mailing address (if different than above): Name of: Father:	ddress.		Pho	me.		
Mailing address (if different than above): Name of: Father:						
Name of: Father: Mother: Guardian: Fathers Work phone: Cell phone: Cell phone: Cell phone:						
Father: Mother: Guardian: Fathers Work phone: Cell phone: Cell phone: Cell phone:						
Fathers Work phone: Cell phone: Cell phone: Cell phone:			Guardian			
Mothers Work phone: Cell phone:						
	athers Work phone:	Cell	phone:			
Employees contact manager if manager and he was 1 - 1	10thers Work phone:	Cell	phone:			
Emergency contact person it parents can not be reached;	Emergency contact person if parents can not	be reached:				
Name Phone				J	Phone	
			1 10			
Will there be a baby-sitter involved in the transportation of your student?	Vill there be a baby-sitter involved in the tra	insportation of your	student?	Yes	☐ No	
If yes, where? Name: a.m.	f ves, where? Name:			□ a.m.	p.m.	
Address:	Address:					
Phone:	Phone:					
Are there any health concerns you want our bus drivers to be aware of? Yes Please describe:				Name of the last o	□ No	

Aı	pproximate distance from your home to the school you will be attending:
Ple	ease give a brief description of how to get to your home:
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A	Il students who wish to ride a bus MUST fill out the Annual Transportation Application
	rm. Those who live within city limits of Spencer MUST ALSO fill out this form AND selection
	e pick-up and drop-off point they will be utilizing from the following list:
	Haslow St & Maple St
	Maurer's Court - (Peach Street Entrance)
	Peach St & Tyler St
	Hemlock St & Jefferson St
	Hickory St & Jefferson St
	Birch St & Jefferson St
۵	Main St & Madison St
	Main St & Chestnut St
	Main St & Pearl St
	Park St & Lincoln St
	Willow Court - (Entrance across from the former Don Smith's)
	Willow Dr & Grant St
	Grant St & Aspen St
	Grant St & Apple St
	S. Washington St. & Roberts St.
a	Chestnut St & Roberts St
	Chestnut St & Louisa St - Second Home Daycare
	Madison St. & Buse St.
	Buse St & Pearl St
	Buse St & La Salle St
	La Salle St & Wendell St
	Corner of Cedar & LaSalle
	Corner of Spruce & LaSalle
۵	Corner of LaSalle & Wisconsin

Eligibility requirements: All students are now eligible to ride in the AM & PM.

(This information should be on the reverse side of the "Annual Transportation Application")

COMPLETE BOTH SIDES