

# First Student/Wausau School District Yellow School Bus Application Form 2019-2020 School Year

Wausau School District contracts with First Student to provide busing for home-to-school, co-curricular, and extra-curricular transportation.

First Student generally provides home-to-school transportation for these situations:

- Student resides more than two miles from their home school
- Student resides in an area identified in the District's Hazardous Transportation Plan
- Students with transportation identified in their Individualized Educational Program (IEP)

Please complete this application and return to First Student at 730 S. 17<sup>th</sup> Avenue, Wausau WI 54401 or to the Longfellow Administration Center at 415 Seymour Street, P.O. Box 359, Wausau WI 54402-0359 by July 12, 2019. Applications received after this date may not be processed until after the new school year starts. When submitting an application during the school year, please allow up to five (5) business days to process.

All bus stop information is based on your home address. If your child needs to be picked up or dropped off at an address other than your home, you **MUST** complete a "Transportation to Accommodate Child Care Needs" form, which is available at First Student and the Longfellow Administration Center. Transportation forms may also be found on the Wausau School District website ([www.wausauschools.org](http://www.wausauschools.org)) or by calling First Student at 715-842-2268 or the Longfellow Administration Center at 715-261-0515.

Student Name	Grade	School	Will Ride a.m. only	Will Ride p.m. only	Will Ride a.m. & p.m.

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
House Number, Apartment Number, Street Name, City, and Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Part of our vision at First Student is to ensure that students have the best possible ride to and from school. To help us accomplish this, you may wish to provide special medical conditions/information about your child(ren) such as diabetes or allergic reactions to bee stings. Any information you provide will be kept confidential and shared only with your child(ren)'s driver and/or bus monitor. **It is the responsibility of the parent/guardian to notify First Student regarding any special medical condition.**

Name(s) of Child(ren) with medical condition(s): \_\_\_\_\_

Please describe special medical condition(s): \_\_\_\_\_