



Columbus School District
200 West School Street
Columbus, Wisconsin 53925

APPLICATION FOR BUS SERVICE

TO: Columbus School Board
c/o Nancy Liverseed, Transportation Director

I hereby make application for school bus service for the following student(s):

NAME	GRADE	SCHOOL ATTENDING

New Rider **Returning Rider(s)**

Bus Number _____ or Driver's Name _____



If there is any medical condition the driver should be aware of?
(please check and explain)

- Seizures Diabetes Asthma Bee Stings/Insects Allergies (food/other) Other

In making this application, I certify that I have read and am thoroughly familiar with the BUS RIDER RULES as adopted by the Board of Education for governing the conduct of pupils, and I agree that bus service will be available for the above student(s) only as long as the student(s) conform to these regulations.

Parent/Guardian Signature

Date

Home Address

Home Phone

Work Phone

Cell Phone

For students enrolling in the Columbus School District for the first time, please describe the location of your residence: