



2014-2015 School Year

Dear Parent / Guardian:

Riteway Bus Service, as your child's transportation provider, along with the staff of the Random Lake School District, will continue to work together to make sure that your bus routes are established with safety and efficiency in mind. To assist us with this goal for the 2014-2015 school year, please complete the requested information below for your child's transportation needs. Please complete a letter for EACH of your children enrolled for the upcoming school year. Please fill out this form COMPLETELY. We are working together to make the transportation system for your school district as efficient as possible to ensure the transportation is as cost-efficient as it can be.

Thank you for your cooperation.

Sincerely,

Justin Olson

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Terminal Manager-Cedarburg

TRANSPORTATION CHANGES TAKE 3-5 BUSINESS DAYS

**** PLEASE PRINT CLEARLY ****

Child's Name: _____

School Attending in 2014-2015: _____ Grade: _____

Home Address: _____ City: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Transportation Service Options:

NOTE: The probability of a student being placed on the wrong bus at school, or dropped off at the wrong location increases when multiple locations are involved. Only one drop off location will be allowed.

For Morning Service:

_____ I am requesting a stop be established for bussing my child in the morning. **SAME PICK UP MONDAY - FRIDAY**

Morning address for Pick-Up: _____

(Must be in District and eligible for bussing.)

_____ My child does not need transportation service at this time, but I understand I can request bus service at anytime during the school year with a minimum of 5 days advance notice.

For Afternoon Service:

_____ I am requesting a stop be established for bussing my child in the afternoon. **SAME DROP OFF MONDAY - FRIDAY**

Afternoon Address for Drop-Off: _____

(Must be in District and eligible for bussing.)

_____ My child does not need transportation service at this time, but I understand I can request bus service at anytime during the school year with a minimum of 5 days advance notice.

FOR OFFICE USE ONLY:

SCHOOL STUDENT ID NUMBER: _____

School Office Approval: _____ Date: _____