

Bus transportation to and from home/school is automatically provided children of Mequon-Thiensville residents. Alternative transportation (to or from daycare/babysitter) **must be requested via this form annually**.

Student(s) Name:				School:	
Home Address:				Primary Phone:	
Apt/Unit #:	City:	Zip Code:	Secondary Phone:		
Parent/Guardian Name:			Email:		

Community Daycare Facilities Served by the Bus Routes of Each Elementary School

CODE	DONGES BAY	CODE	ORIOLE LANE	CODE	WILSON
D4K	Dezigned 4 Kidz	D4K	Dezigned 4 Kidz	KidsR	Kids Rule Academy
GanAmi	JCC Gan Ami	GanAmi	JCC Gan Ami	MeqJP	Mequon Jewish Preschool
KidsR	Kids Rule Academy	KidsR	Kids Rule Academy	MeqPre	Mequon Pre-School
MeqJP	Mequon Jewish Preschool	MeqPre	Mequon Pre-School	Nshore	Northshore Pre-School & Childcare
MeqPre	Mequon Pre-School	OzDay	Ozaukee Day Care	RLPre	Range Line Pre-School & Childcare
MomMe	Mommy & Me Childcare	RLPre	Range Line Pre-School & Childcare	Sonlight	Sonlight Child Development Center
RLPre	Range Line Pre-School & Childcare	Sonlight	Sonlight Child Development Center		
Sonlight	Sonlight Child Development Center				

Please complete DAILY transportation arrangements for this school year.
THIS SCHEDULE MUST BE THE SAME EACH WEEK. Enter abbreviation code for daycare facility.

PICK-UP MUST BE THE SAME EACH WEEK				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Home:	Home:	Home:	Home:	Home:
Daycare:	Daycare:	Daycare:	Daycare:	Daycare:
Other:	Other:	Other:	Other:	Other:
Other Address:				
DROP-OFF – (Delivery) MUST BE THE SAME EACH WEEK				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Home:	Home:	Home:	Home:	Home:
Daycare:	Daycare:	Daycare:	Daycare:	Daycare:
Other:	Other:	Other:	Other:	Other:
Other Address:				

Date requested change is to begin: * _____ Bus # (for school) _____

*A minimum of three (3) working days notice from date request is received in the School Office is required before the alternate service can begin. **NO REQUESTS WILL BE PROCESSED BETWEEN AUGUST 12TH AND SEPTEMBER 5TH.**

YOU WILL BE NOTIFIED BY BUS COMPANY WHEN APPROVED.

Complete and forward this request for alternative transportation to your school office:

Date Received: _____