

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 MTSD Received: _____