



ALTERNATIVE TRANSPORTATION REQUEST FORM MS/HS 2024-25

Bus transportation to and from home/school is automatically provided children of Mequon-Thiensville residents. Alternative transportation (to a secondary address) **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:		

**Please complete DAILY transportation arrangements for this school year.
THIS SCHEDULE MUST BE THE SAME EACH WEEK.**

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

Date requested change is to begin:* _____

Bus # (for school) _____

*A minimum of **three (5) 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 19TH AND SEPTEMBER 13TH.**

YOU WILL BE NOTIFIED BY BUS COMPANY WHEN APPROVED.

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

Date Received: _____

Updated: 5/1/2024