## **Horicon School District - School Bus Registration 2025-26**

\*\*\*PLEASE RETURN BY TUESDAY AUGUST 19th, 2025

IT IS NECESSARY FOR ALL FAMILIES TO COMPLETE THIS FORM IN A TIMELY MANNER

Parent/Guardian: Please complete this form (one per family) to be eligible for transportation from home to school and/or school to home. For efficient bus routes, it is important to have a complete list of those that WILL or WILL NOT need bussing. THE BUS REGISTRATION FORM IS REQUIRED EACH AND EVERY YEAR.

For changes in transportation during the school year, please call Johnson School Bus at 920-485-2223. Approved requests for additions or changes to bussing will take effect 2 business days after received.

Student Information  Student #1 - Name	Transportation to begin (mark one):	Sept. 2, 2025 or Enter Date: / /Not Needed
Student #2 - Name	Student Information	
Student #3 - Name	Student #1 - Name	Grade:
Student #4 - Name	Student #2 - Name	Grade:
Family Information: For Student Safety: Please keep all information current  Primary physical address:  Primary Parent/Guardian Name: Relationship to Student: Phone: Alternate Phone: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Relationship to Student: Phone: Alternate Phone:  Daycare Request/Alternate Address Child Care/Aternate Contact Name: Address: Phone: Alternate Phone: Please Circle one: Pick-up Drop off Both Varied  If schedule varies, please call Johnson School Bus daily/weekly to keep everyone informed. Comments:  Signature: Date: Office Use only: Date Received: Approved Denied Initials:	Student #3 - Name	Grade:
Primary physical address:  Primary Parent/Guardian Name: Relationship to Student: Phone: Additional Parent/Guardian Name: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Relationship to Student: Phone: Alternate Phone:  Daycare Request/Alternate Address Child Care/Aternate Contact Name: Address: Phone: Please Circle one: Pick-up Drop off Both Varied  If schedule varies, please call Johnson School Bus daily/weekly to keep everyone informed.  Comments:  Signature: Date: Approved Denied Initials:	Student #4 - Name	Grade:
Primary Parent/Guardian Name: Relationship to Student: Phone: Additional Parent/Guardian Name: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Alternate Phone:  Daycare Request/Alternate Address Child Care/Aternate Contact Name: Address: Phone: Please Circle one: Pick-up Drop off Both Varied If schedule varies, please call Johnson School Bus daily/weekly to keep everyone informed. Comments:  Signature: Date: Office Use only: Date Received: Approved Denied Initials:	Family Information:	For Student Safety: Please keep all information current
Relationship to Student: Phone: Additional Parent/Guardian Name: Relationship to Student: Phone: Alternate Phone:  Emergency Contact Name: Relationship to Student: Phone: Alternate Phone:  Daycare Request/Alternate Address Child Care/Aternate Contact Name: Address: Phone: Alternate Phone:  Daycare Request/Alternate Address Child Care/Aternate Contact Name: Address: Phone: Alternate Phone: Please Circle one: Pick-up Drop off Both Varied If schedule varies, please call Johnson School Bus daily/weekly to keep everyone informed. Comments:  Signature: Date:  Office Use only: Date Received: Approved Denied Initials:	Primary physical address:	
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	Signature :	Date:
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