

Please help make your child's kindergarten transition week safe and comfortable.  
Please fill out this form and return it with your registration check.

# Kindergarten 2010-2011

No School Friday, September 3  
No School Monday, September 6 – Labor Day

CHILD'S NAME: \_\_\_\_\_

## (Choose one)

### WEEK 1      TRANSITION WEEK (Wednesday, Sept. 1 and Thursday, Sept. 2)

1. \_\_\_\_\_      **(Country Students – Out of City Limits)**  
My child will be riding the bus home at 11:45 am.
  
2. \_\_\_\_\_      My child needs to be dropped off at the following address:  
**(Country Students – different than will be next week)**  
Address: \_\_\_\_\_  
(If different than home address)  
Phone: \_\_\_\_\_
  
3. \_\_\_\_\_      **My child will be picked up by:**  
Name/Relationship to Child: \_\_\_\_\_  
Phone: \_\_\_\_\_  
**(Country & City Students)**

### WEEK 2 (Tuesday, Sept. 7 thru the school year) (CHOOSE ONE)

**\*\*CITY STUDENTS ONLY** (this **does not** affect country students riding the bus from the Middle School to Parkview.

\_\_\_\_\_      **City Students only**  
**Shuttle Bus**      \_\_\_\_\_      **Both AM & PM**  
My child will ride the shuttle bus      \_\_\_\_\_      **AM only**  
to/from the Middle School.      \_\_\_\_\_      **PM only**

**\*\*Country Students ONLY** (this **does not** affect city students riding the bus from the Middle School to Parkview. Country students are automatically on schedule to ride to/from Parkview to the Middle School.

\_\_\_\_\_      **Country Students**  
**Out of City Limits**  
My child will be riding the bus home at 2:50 p.m. every day.

### **\*\*City/Country Students – Other pick-up arrangements**

\_\_\_\_\_      My child will be picked up from school every day by:

_____	_____	_____
Name	Phone	Relationship to your child
_____	_____	_____
Name	Phone	Relationship to your child

Please understand that communication regarding transportation is of utmost importance to our school. Our number one priority is the safety and welfare of your child – our students.

\_\_\_\_\_  
Parent/Guardian Signature/Date      Parent/Guardian

Cont. on back side. City complete highlighted area only. Country complete all of side 2.

Signature/DateKdg.Bus.Transition

**SCHOOL DISTRICT OF MAYVILLE TRANSPORTATION**

**REQUEST FOR TRANSPORTATION** \_\_\_\_\_  
**ADDING NEW STUDENT** **Kdg.** **2010-2011**  
**CHANGE OF ADDRESS** \_\_\_\_\_  
**CHANGE OF SCHOOL (within district)** \_\_\_\_\_  
**DELETE STUDENTS (leaving district)** \_\_\_\_\_

**Submit this form to the Transportation Office to request busing, adding a student, change of address, change schools, or delete a student. Please complete all sections.**

<u>Student Name</u>	<u>Gender</u>	<u>ID #</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EFFECTIVE DATE FOR START, CHANGE, OR DELETE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Pick Up Information if different from above:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Drop Information if different from above:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Submitted by \_\_\_\_\_  
(Employee Name)

Date \_\_\_\_\_