

Hustisford School District Bus Transportation Form

OFFICE USE ONLY		
START DATE: _____		
(sent to Schultz Bus: Yes No)		
END DATE: _____		
(sent to Schultz Bus: Yes No)		

PARENT/GUARDIAN INFORMATION

Last Name		First Name	
Last Name		First Name	
Address			
City	State	ZIP	
Home Telephone	Work Telephone	Alternate Telephone	

STUDENT INFORMATION

Last Name	First Name	Grade	School	Bethany	Jr./Sr. High
			John Hustis	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	First Name	Grade	School	Bethany	Jr./Sr. High
			John Hustis	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	First Name	Grade	School	Bethany	Jr./Sr. High
			John Hustis	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	First Name	Grade	School	Bethany	Jr./Sr. High
			John Hustis	<input type="checkbox"/>	<input type="checkbox"/>

Bus Transportation Needed: Yes (please complete remainder of form below)
No (please provide reason: _____)

PICK UP AT

Address		
City	State	ZIP

DROP OFF AT

Address		
City	State	ZIP

For Your Records:

Schultz Bus Service (920) 349-8191 – Business
 700 Industrial Lane (920) 349-3437 – Home
 P.O. Box 93
 Hustisford, WI 53034