

**UNIFIED SCHOOL DISTRICT OF ANTIGO
REQUEST FOR TRANSPORTATION AND/OR
CHANGE IN DROP OFF/PICK UP LOCATION**

Child(ren)'s Name(s) _____ Grade(s) _____
_____ Grade(s) _____
_____ Grade(s) _____

School (*one school per form please*) _____

Home Address _____

Telephone Number _____

Alternative Location for Pick Up:

Name & Relationship	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Days	M T W TH F	M T W TH F

Alternative Location for Drop Off:

Name & Relationship	_____	_____
Address	_____	_____
Telephone Number	_____	_____
Days	M T W TH F	M T W TH F

Starting Date Request: _____

Signature of Parent/Guardian Date

FOR BUSINESS OFFICE USE ONLY

Starting Date: _____

Route # _____ Badge Printed _____ Alternating Weeks _____