New Richmond School Bus Registration Form

Kobussen Buses, Ltd. 785 Noble Rd., New Richmond, WI Phone: (715) 500-2147

Student Information 2020-2021		•								
All school aged students in Family	Sex M/F	Date of Birth	Grade	Schoo	Pick up bus stop should be near	Drop off bus stop should be	Check if student will not ride a	Check if student will not ride a	Place an* if student has health	
Last Name, First Name						near	bus to school	bus from school.	concerns.	
Family Information Is this an addr			es N en are shared		Does this student hav split households, please sub				rther questions.	
Physical Home Address (street, city, state, zip code) Mailing A					ess (PO box, city, state, zip	Home phone	Home phone:			
Parent Name:					Work phone:	Cell phone:	Cell phone:			
Parent Name:					Work phone:	Cell phone:	Cell phone:			
Emergency Contact Name (other than parent):					Home phone:	Cell phone:	Cell phone:			
*Health Information (more forms available	e on schoo	l website)								
Last Name, First Name					Nature of Disability (please be specific)					
Physician Name	Telephone Number									
Hospital Preference	Telephone Number									
Alternate Bus Stop Authorization										
The Alternate Bus Stop is for parents of students v	who want to	designate a	child care l	ocation for	r bus pick up and/or drop of	ff.				
Child Care Provider Address						Phone				
Effective date to start transportation					Check box if th	ere is no change i	n transportation			
Parent/Guardian signature					Date	·				