

KEWASKUM SCHOOL DISTRICT  
**STUDENT TRANSPORTATION**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

School Assigned Next Year \_\_\_\_\_

Phone \_\_\_\_\_

Grade—This Year \_\_\_\_\_

Next Year \_\_\_\_\_

Parent's Name \_\_\_\_\_

Kdgn. A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Address \_\_\_\_\_

Distance from School (Check One)

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Under 2 Miles       8-12 Miles

Babysitter/Phone \_\_\_\_\_

2-5 Miles

Address \_\_\_\_\_

5-8 Miles

Over 12 Miles

**Johnson School Bus Service**  
**3618 Hwy 28 East, Box 444**  
**Kewaskum, WI 53040**  
**262-626-4414**

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**(DO NOT Write below this line)**

Driver's Name \_\_\_\_\_

Driver's Name \_\_\_\_\_

To School—Route No. \_\_\_\_\_

From School-Route No. \_\_\_\_\_

Pick-up Point \_\_\_\_\_

Approx. Pick-up Time \_\_\_\_\_