School District of New Holstein Transportation Form 4 Year Old Kindergarten Program 2024 -2025

Please complete all information below to help us get your child to and from school safely.

Child's Name:			DOB:
	Last	First	
Parent's Name:			
	Last	First	
Child's Address:			
Home Phone:		Cell Phone:	
I will be tre	unsporting my child t	o and/or from school.	To From Both
My child will	be <i>picked-up</i> and/or	dropped-off at the above addre	essP/UD/OBoth
My child will	be in Husky Den	AM (M,T,-Th,F) PM	(M,T,-Th,F)All Day WED
My child wi	Il he transported to a	and from a different location	as indicated below. (M,T,-Th,F)
Wy child wi	ir be transported to a	and from a different location of	as indicated below. (M,1,-111,1)
Alternate PICK-UI	P site:		
Name:			
Address: Phone #:			
Alternate DROP-O	FF site:		
Name:			
Address:			
Phone #:			
	Miles from school		
Vour child's place	nent for the AM or D		on the above information and
		id class sizes. Our school dis	
	_		ntact ES office for more details.
Parent's Signature		I	Date: