



**TRANSPORTATION REQUEST:**  
**ALTERNATIVE PICK-UP/DROP-OFF**

School District of Shiocton

N5650 Broad Street \* Shiocton, WI 54170  
(920) 986-3351 \* Email to: jmurphy@shiocton.k12.wi.us

NOTE: This form only needs to be completed and returned if your child/ren's pick-up and/or drop-off locations are different than home. Fill in all shaded areas below.

Student Name:  Grade:

School:

Home Address:  City:

Parent Name:

Home Phone Number:  Cell Number:

**PICK-UP:**

(Bus #  Office Use)

Name of Adult at Address:

Address:

Phone Number:

Start Date:

**DROP-OFF:**

(Bus #  Office Use)

Name of Adult at Address:

Address:

Phone Number:

Start Date:

Notes:

Date:  Parent Signature:

Request is:  Approved  Denied

Date: \_\_\_\_\_

Nichole Schweitzer, District Administrator

**Transportation Office Use Only**

- Nichole (Date \_\_\_\_\_)
- Heather (Date \_\_\_\_\_)
- Driver (Date \_\_\_\_\_)
- School (Date \_\_\_\_\_)
- Parent (Date \_\_\_\_\_)