

WEM PUBLIC SCHOOL BUS REGISTRATION FORM
Transportation Secretary: dwoillin@wem.k12.mn.us
Phone: 507-362-4439 Fax: 507-362-4762

Student's Name _____

Student's Name _____

Student's Name _____

1. _____ lives within a mile from school and will be walking to and from school
2. _____ will be dropped off and picked up at school
3. _____ will be riding the bus morning and afternoon from our home

Parent's Name _____

Address _____

Phone Number _____

4. _____ will be picked up and dropped off at daycare

Daycare Provider's Name _____

Address _____

Phone Number of Daycare _____

5. _____ will be dropped off in the morning and go to _____
after school Location

6. _____ will be picked up at home in the morning and then dropped off after school at _____
Location

Other _____

BUS DRIVER COPY—CIRCLE ONE

BUS 1 JOE

BUS 4 ELENA

BUS 24 ROGER

BUS 2 DIANE

BUS 15 BOB

BUS 3 PAUL

BUS 17 JAMIE