



2020-21 School Year

Manawa School District - Student Bus Registration

Parents/Gaurdians must complete this form in order for your child to be transported.

Whenever pick up or drop off points change, a new form must be submitted.

Please complete this form for **EACH STUDENT. EVEN IF THEY WILL NOT BE RIDING THE BUS.**

To create efficient bus routes and to reduce the wasteful expense of "unused" busing, it is necessary to discern who will and who won't need bus transportation. If your student needs busing at a later time, he/she can be added to the bus route.

Allow three (3) business days for changes to the bus route to take effect. Changes may affect the pick-up and drop-off times of existing bus routes.

Please email the bus garage with any questions: Jamie.Stroud@kobussen.com or Jacob.Elsner@kobussen.com or Call: (920) 389-1500

Student Information		Transportation to begin: <input type="checkbox"/> Start of School Year <input type="checkbox"/> On (Enter Date): ____/____/____			
Student Name:				School:	Grade:
AM Pick Up Location (Check One)	<input type="checkbox"/> NO RIDE NEEDED	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER (Explain)		
PM Pick Up Location (Check One)	<input type="checkbox"/> NO RIDE NEEDED	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER (Explain)		
Medical or Useful Information about Student:					
Family Information					
Physical Home Address:				Mailing Address if Different:	
Parent/Gaurdian Name:		Relationship to Student:		Phone:	
Parent/Gaurdian Name:		Relationship to Student:		Phone:	
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Student Information		Transportation to begin: <input type="checkbox"/> Start of School Year <input type="checkbox"/> On (Enter Date): ____/____/____			
Student Name:				School:	Grade:
AM Pick Up Location (Check One)	<input type="checkbox"/> NO RIDE NEEDED	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER (Explain)		
PM Pick Up Location (Check One)	<input type="checkbox"/> NO RIDE NEEDED	<input type="checkbox"/> HOME	<input type="checkbox"/> OTHER (Explain)		
Medical or Useful Information about Student:					
Family Information					
Physical Home Address:				Mailing Address if Different:	
Parent/Gaurdian Name:		Relationship to Student:		Phone:	
Parent/Gaurdian Name:		Relationship to Student:		Phone:	
Emergency Contact Name:		Relationship to Student:		Phone:	
Alternate Bus Stop		Parents may designate no more than ONE alternate location for pick up and/or drop off IMPORTANT: The parent must provide a MONTHLY calendar to the Bus Driver			
Physical Address:				Notes:	
Parent/Gaurdian Name:				Phone Number:	
Parent/Gaurdian Signature:				Date:	
Office use Only	AM Rt. #:	PU Time:	PM Rt. #:	DO Time:	Entered:



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2020-21 School Year

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