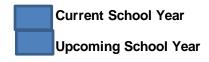
First Student/Wausau School District Yellow School Bus Application Form Please select the year for which you are applying:



Wausau School District contracts with First Student to provide busing for home-to-school, co-curricular, and extra-curricular transportation.

First Student generally provides home-to-school transportation for these situations:

- Student resides more than two miles from their home school
- Student resides in an area identified in the District's Hazardous Transportation Plan
- Students with transportation identified in their Individualized Educational Program (IEP)

Please complete this application and return to First Student at 730 S. 17th Avenue, Wausau WI 54401 or to the Longfellow Administration Center at 415 Seymour Street, P.O. Box 359, Wausau WI 54402-0359 by **July 7**, **2024**, **if applying for the 2024-2025 school year**. Applications received after this date may not be processed until after the new school year starts. When submitting an application during the school year, please allow up to five (5) business days to process.

All bus stop information is based on your home address. If your child needs to be picked up or dropped off at an address other than your home, you <u>MUST</u> complete a "Transportation to Accommodate Child Care Needs" form, which is available at First Student and the Longfellow Administration Center. Transportation applications (grades K-12) may also be made on the Wausau School District website (<u>www.wausauschools.org</u>) or by calling First Student at 715-842-2268 or the Longfellow Administration Center at 715-261-0515.

Student Name	Grade	School	Will Ride a.m. only	p.m. only	Will Ride a.m. & p.m.
Parent/Guardian Name(s):					
Home Address:House Nu	ımber, Apa	rtment Number, Street Name, Ci	ty, and Zip Code		
Home Phone:	Work Phone:		Cell Phone:		
Parent/Guardian Signature:				Date:	
Emergency Contact Name:	Phone Number(s):				
Part of our vision at First Student is to en you may wish to provide special medical stings. Any information you provide will I responsibility of the parent/guardian	l conditions/ be kept con	information about your child(ren) stite fidential and shared only with your	such as diabetes or child(ren)'s drive	or allergic reaction and/or bus mor	ons to bee
Name(s) of Child(ren) with medical Please describe special medical co	condition(ndition(s):	s):			

