

Minocqua J1 School District Transportation to Alternate Location

Child's Name: _____ Grade: _____

Pick up at: _____

Drop off at: _____

Beginning Date: ____ / ____ / ____ Ending Date: ____ / ____ / ____

Parent/Guardian Signature: _____

Home Phone: _____

Parent Work Phone: _____

School Representative: _____ Date: _____

Approved Denied

Bus Dispatcher: _____ Date: _____

Approved Denied

The approved Alternate Location may be revoked any time for violation of school bus rules.