Milwaukee Academy of Science: Student Transportation Information

(Circle One) **New** **Change** **Delete** Today's Date________________________

Parent/Guardian Name__________________________ Hm Phone _______________Wk Phone ____________Cell______________

Student Name 1) ____Grade__________ Room #________________
First Last MI
2) ____ Grade__________ Room#________________
First Last MI
3) ____ Grade__________ Room#________________
First Last MI
4) ____ Grade__________ Room#________________
First Last MI
5) ____ Grade__________ Room#________________
First Last MI
6) ____ Grade__________ Room#________________
First Last MI

Home Address ____
Street **City** **Please Include Zip Code**

Old Address (only if there is a change) ____
Street

Address where student will be picked up <u>only</u> if different from home address

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Address where student will be dropped off <u>only</u> if different from home address

____

Comments by School Official ____

____

____

Submitted by School Official ____ *Date faxed* ____________________

School official should fax form to Riteway at 414-438-5406

Please Allow <u>5 Days</u> to Process Changes*Riteway will contact school if the change can be made earlier*

PARENTS: Any questions – please contact Milwaukee Academy of Science:
Bus Coordinator, Mr. Harris at → 933-0302 x1138

xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

THIS PORTION IS TO BE COMPLETED BY RITEWAY PERSONNEL ONLY

Effective Date: ____________________ Date Completed: _____________________ Completed By: ____________________

AM Route___________ Time__________ Stop____

PM Route___________ Time__________ Stop____

CLC Route__________ Time__________ Stop____