



STAR TRANSPORTATION FORM

Please return this form with Registration

Parent Pick-up and Bus Information

Please Print Clearly

Student Name _____ Grade _____ has my permission to attend the STAR After School Program activities listed in the packet including any walking field trips that are scheduled

_____ *Parent/ Guardian signature*

Winter School District will provide an activity bus during the 2017-2018 school years Monday through Thursday. Transportation will be provided as long as enough students utilize the service each evening. The bus leaves the Winter Public School at approximately 5:20 PM.

____ I will pick up my child at school.

My child will be riding the bus to:

Hwy 70 West _____ Radisson _____ Ojibwa _____ Couderay

Hwy 70 East _____ Chalet _____ Johansen's Corner _____ Loretta/Draper

____ I understand that I am responsible to pick up my child on time at the bus stop or they will return to the school after the route is completed and I will be responsible to pick them up at the Winter School site.

My child has permission to ride with the following responsible adult or sibling:
_____ (please write clearly)

MY CURRENT PHONE NUMBER _____

Any questions can be directed to Dee Martin at 715-266-3301 ext.2210 (W) or 715-661-1382 (C)

