

ALTERNATIVE TRANSPORTATION REQUEST FOR PICK-UP/DROP-OFF

Hortonville Area School District

Harold Steenbock, Director of Transportation
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Email to: harrysteenbock@hasd.org
Or transportation@hasd.org

Student Name: _____

Grade: _____

School: _____

Home Address: _____

City: _____

Parent Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Policy states that a student may have one continuous pick-up location and one continuous drop-off location.

PICK-UP:

DROP-OFF:

Name of Adult at Address: _____

Name of Adult at Address: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Notes: _____

Date

Parent Signature

Request is: Approved

Denied

Date

Harold Steenbock, Director of Transportation