



MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT 4K Site Preferences for Children Requiring District Transportation

COMPLETE THIS FORM IF YOU REQUIRE TRANSPORTATION

Child's Legal Name _____ Child's Date of Birth _____
PLEASE PRINT PLEASE PRINT

Children requiring transportation for the 4K program will attend the morning session (9:00 am-11:30 am). The 4K office will place your child in a site based on your attendance area school and site availability. Confirmation of 4K placements will be sent to families the last week of April 2012.

If you prefer a specific site please rank your choices: 1, 2, 3 (if applicable) and the 4K office will take them into consideration when placing students. **The final decision on all 4K placements is made by the 4K Principal and District Administration.**

PLEASE NOTE: If your child requires transportation to and from 4K from a child care provider's address (located within the MCPASD) site selection will be based on THAT address, not your home address.

Elm Lawn Elementary Bussing Sites:

Kids Junction Pre-School _____
LaPetite Academy-Gammon _____
Little Red Pre-School _____

Nothside Elementary Bussing Sites:

Club House-Middleton _____
Little Red Pre-School _____
YMCA-St. Dunstan Building _____

Park Elementary Bussing Sites:

Clubhouse for Kids-Cross Plains _____
YMCA St. Martins _____

Sauk Trail Elementary Bussing Sites:

LaPetite-Fourier _____
Little Red Pre-School _____
YMCA-St. Dunstan Building _____
Pooh Bear Childcare and Pre-School _____

Sunset Ridge Elementary Bussing Sites:

Clubhouse for Kids- Middleton _____
LaPetite-Fourier _____
Pooh Bear Childcare and Pre-School _____

West Middleton Elementary Bussing Sites:

Academy for Little Learners _____
Kids Junction _____
LaPetite-Gammon _____
West Middleton 4K _____

MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Request for 4-Year-Old Kindergarten Transportation for the

201__-201__

School Year

FORMS DUE TO THE TRANSPORTATION CENTER BY JULY 15 PRIOR TO NEW SCHOOL YEAR

Parent/Guardians' Name _____ Date _____

Address _____ Phone _____

City/State/Zip _____ Alternate Phone _____

Alternate/Emergency Contact _____ Phone _____

Alternate/Emergency Contact _____ Phone _____

Child/Children First & Last Name:

School of Attendance:

AM or PM

TRANSPORTATION TO SCHOOL

Circle the following days of the week to provide transportation (TO) school from this address:

Not Needed or M T W R F

SAME AS ABOVE or CHILD CARE PROVIDER:

Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

Signature of Child Care Provider _____ Date _____

Signature of Parent/Guardian _____ Date _____

TRANSPORTATION FROM SCHOOL

Circle the following days of the week to provide transportation (FROM) school to this address:

Not Needed or M T W R F

SAME AS ABOVE or CHILD CARE PROVIDER:

Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

Signature of Child Care Provider _____ Date _____

Signature of Parent/Guardian _____ Date _____

Requests will be honored and processed contingent upon the following conditions:

1. Request must be from only one address to school and to only one address from school.
2. Only a limited number of changes of provider will be accepted during the year. Each change will require a new set of forms.
3. Students must reside within their specific school attendance area and be in the MCPASD attendance area in order for Child care transportation to be provided. If you do not reside in the district and/or are outside of your attendance area this arrangement would be considered via a Student Contract from our office. Please contact the Transportation Office for details. (608) 829-2365
4. Parent must contact Transportation Center if transport is scheduled and ride is not needed on a particular day.
5. Parent/child care provider must meet the bus at the scheduled stop when returning student from school.
6. Failure to be ready for the bus at the stop in a timely fashion more than three (3) times in a semester may result in suspension of transportation privilege.

**PLEASE RETURN COMPLETED FORM TO:
TRANSPORTATION CENTER, 3180 DEMING WAY, MIDDLETON, WI 53562
OFFICE PHONE: 829-2365 FAX NUMBER: 831-2534**

Allow one week after submitting this form for a response. Transportation cannot begin until this form is approved and on file.

Dear Parent/Guardians:

____ Your request is hereby granted subject to the conditions and qualifications listed above. ____ Your request has not been approved.

Stop Location & time: To School _____ From School _____

Transportation Center

Date