

**RIVER FALLS SCHOOL DISTRICT**  
**TRANSPORTATION FORM**  
**River Falls 4 Children (RF4C)**

**Child's Name:** \_\_\_\_\_  
Last, First, Middle

**DOB:** \_\_\_\_\_  
Month/Day/Year

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip

**Birth City, State:** \_\_\_\_\_

**Birth County:** \_\_\_\_\_

**Birth Country:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Guardian 2 Information**

(Please circle one)  
**Gender:** M F

**Relationship:** \_\_\_\_\_  
(Mother, Father, other)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Race and Ethnic Data:**

**1. Ethnicity: Are you Hispanic or Latino? (Select only one)**

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

**2. Race: Select all of the following categories that apply to you:**  
(You must select at least one of the following.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Employment Information**

**Lives With:** \_\_\_\_\_  
(Parents, Mother, Father, Other)

**Guardian 1 Information**

**Work Place:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Work E-mail Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_  
(Mother, Father, other)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent/Guardian Signature**

**Date**

**Employment Information**

**Work Place:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Work E-mail Address:** \_\_\_\_\_

\_\_\_\_\_

*Office Use Only:* Student ID \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Site Placement \_\_\_\_\_  
Teacher \_\_\_\_\_

**Birth Certificate Verified**

**\* Please complete bus information on back.**

Please check if you would like information mailed to the second parent who is in the Guardian 2 Position.

# RF4C TRANSPORTATION FORM



NAME OF CHILD: \_\_\_\_\_

My child takes the bus to and from the home address.

My child takes the bus to and from an address other than home (daycare, etc.)

TO SCHOOL

TO HOME OR DAYCARE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

*(Address MUST be within elementary school attendance area)*

\*If there is a change in routine, **notes** must be submitted to **both** the bus driver & classroom teacher.

No transportation needed at this time.

Not eligible / Reason: \_\_\_\_\_

**Are there any medical needs that the bus driver should be aware of?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Info:** Parent(s)/Guardian(s) are always contacted first. If we are unable to reach a parent/guardian, emergency contact(s) will be called. Be sure anyone you put down knows they are on your child's emergency contact list. Please keep your child's school informed when changes to phone numbers occur.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Home Number**

\_\_\_\_\_  
**Home Number**

\_\_\_\_\_  
**Work Number**

\_\_\_\_\_  
**Work Number**

\_\_\_\_\_  
**Cell Phone Number**

\_\_\_\_\_  
**Cell Phone Number**

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

Please return this form ASAP to: **Westside Elementary Atten: Becky McAleavey**  
**FAX: 715-425-1805 1007 W. Pine Street, River Falls, WI 54022**