

speak with the School Homeless Liaison.



## **2022-2023 Student Transportation Form**

The School District of Beloit provides transportation through Durham School Services (608-362-2628). All students in PreK through 3<sup>rd</sup> grade who reside one or more miles walking distance from the student's resident school or live in a designated hazardous area shall be eligible for bus transportation. All students in 4<sup>th</sup> through 8<sup>th</sup> grade who reside two or more miles walking distance from the student's resident school or live in a designated hazardous area shall be eligible for bus transportation. Eligible transportation will be provided at no additional cost to the student/family by the School District of Beloit. The School District of Beloit also provides transportation for other students in accordance with state law. Students who meet the above qualifications are eligible for transportation for one round trip to school each day they actually attend. PLEASE NOTE: We are strongly encouraging families to self-transport whenever possible to support social distancing on our school buses.

In order for a student who meets the above requirements to qualify for transportation, the parent/legal guardian must fill out the application below and return it to your child's school.

McKinney-Vento (Homeless): Do not fill out the application below, please contact your child's school to

<ul><li>☐ Parent Request</li><li>Reason for Transportation:</li><li>☐ Hazard Zone</li><li>☐ Outside Walk Zone</li></ul>		□ School District Request  SDB Status: □ District Placement-Res School: □ SDB Approved by: □ Emailed to Durham Date:				
NOTE:	TRANSPORTATION REQUEST	S MAY TAKE	UP TO 5 DAYS TO	PROCESS.		
Student First Name	Student Last Name	Grade	School	Birthdate	Student ID	
Student Address (Only t	the student's PERMANENT re	sidence can	be used for trans	portation)		
Primary Phone Number   Secondary Phone Number		Emergency Contact Name   Emergency Contact Number				
( )	( )			( )		
I understand this informa	ation is being provided to the bu	is company D	urham School Servi	ces.		
Print Name of Parent/Gua	ardian:					
Signature of Parent/Guardian:			Date:			
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	DURHAM SCHOO	L SERVICES U				
<u>Durham Status:</u>			Confirmed By:			
☐ Approved ☐ De		Start Date:		_		
Reason For Trans		Bus #:				
☐ Hazard Zone	☐ Outside Walk Zone		AM Stop:	Time:	_	
☐ Medical	☐ District Placed		PM Ston:	Time:		