

Monona Grove School District



Dear Parent or Guardian of Students Enrolled in Kindergarten:

Welcome to the Monona Grove School District. Below is information related to transportation for kindergarten students:

**Students Eligible for Free Bus Service:**

- For transportation to school, the district operates a transportation service as required by law for students who live 2 miles or more from school or reside in an area that is designated in the district's unusually hazardous transportation plan, also referred to as the walk zone. Walk zones for each school can be viewed by following this link: <http://www.mononagrove.org/district/ds-transportation.cfm>.

**Students Ineligible for Free Bus Service:**

- For students who reside within 2 miles of school, the Buy A Seat program is available. Please visit district website at <http://www.mononagrove.org/district/ds-transportation.cfm> for more information about the district offered Buy A Seat program.

If you have questions about your distance from school to home or eligibility for school bus transportation, please contact Nelson's Bus Service at (608) 221-8417. For more information regarding transportation, please see the district website at <http://www.mononagrove.org/district/ds-transportation.cfm>.

Pick-up and drop-off locations must be consistent. A student may not be picked up or dropped off at a location that varies from day to day or week to week. For example, using one drop-off location on Mondays, Wednesdays and Fridays and a different one on Tuesdays and Thursdays is not allowed. However, a student may be dropped off at a different location after school than the location from which he/she was picked up before school, as long as this arrangement does not vary from day to day.

To promote and ensure safety, guest ridership is not allowed.

Before your child is allowed to exit the bus, the bus driver must have visible contact with the child's parent, guardian or a responsible individual for the entire school year. If your child is being supervised by a person other than a parent or guardian before bus pick-up or after bus drop-off, please notify Nelson's Bus Service of those arrangements.

Please note that all requests require a minimum of five days for processing.

**Submit Form to:  
Nelson Bus Service, Inc.  
2862 Siggelkow Road McFarland, WI 53558  
Email: [MononaGrove@NelsonsBusService.com](mailto:MononaGrove@NelsonsBusService.com)  
Fax: (608) 205-9044**



## Kindergarten Transportation Request Form

**Please check the items in one box or the other that applies to your child:**

**If your child is eligible for bus service, please complete this box:**

*My child lives 2 or more miles from school or lives in an unusually hazardous transportation area. I request that my child be provided transportation at the following times (check all that apply):*

- Pick-up for the entire school year  
 Drop-off for the entire school year  
 No transportation requested

**Or**

**If your child is not eligible for bus service, please complete this box:**

*My child lives within 2 miles from school. I request that my child be provided transportation at the following times using the district offered Buy A Seat program. (Please visit the district website at <http://www.mononagrove.org/district/ds-transportation.cfm> to obtain the required form):*

- Pick-up for the entire school year  
 Drop-off for the entire school year  
 No transportation requested

**If you select to have your child transported, please complete and submit the following information to Nelson's Bus Service. All requests require a minimum of five days for processing.**

Name of child: \_\_\_\_\_

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

**Parent / Guardian 1:**

**Parent / Guardian 2:**

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

\_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Pick-up point: \_\_\_\_\_

Drop-off point: \_\_\_\_\_

Name of individual who will provide visible contact with the bus driver: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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