



## INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

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April 3<sup>rd</sup>, 2017

Dear Parent(s)/Guardian(s),

Sheku. I hope all is well with you and your family. I am sending this correspondence because believe it or not we are already planning for the 2017-2018 School Year.

According to The Indian Community School Bylaws/Policies & Administrative Guidelines:

For those students who are granted transportation privileges, **by the first Monday in May**, the parent/guardian of the student shall list on the Request for Annual Bus Transportation form only one pick-up location and one drop off location for the next School Year (“Annual Bus Stops”).

Enclosed please find a copy of the 2017-2018 Request For Annual Bus Transportation form.

Please complete this form in its entirety and return it to the school office by:  
**Monday, May 1<sup>st</sup>, 2017** (the first Monday in May).

This information is imperative so that the routing process can begin in a timely manner.

If you have any questions, please do not hesitate to contact the school office at 414-525-6100.

Sincerely,

Jason P. Dropik  
Interim Head of School

2017 - 2018

# Request for Annual Bus Stop Location

Each new school year, the bus pick up and drop off address defaults to the students' home address. For proper bussing service, please fill in the morning pick up address and the afternoon drop off address.

Please complete this form and return it to the school office by **Monday, May 1<sup>st</sup>, 2017**. If this form is not received by the date listed, your child may not receive transportation services for the 2017 - 2018 School Year.

This form **MUST** be completed entirely before it can be accepted and/or processed.

Updated: 12/29/16

<b>Parent/Guardian's</b>	
First Name _____	Last Name _____
Current Home Address _____	City _____ Zip _____
Home Phone _____	Cell Phone _____ Wk Phone _____
<b>A.M.</b>	
<b>Pick Up Address:</b> (Complete address of where child will be picked up from)	
Parent/Guardian/Relative/Daycare Name _____	
Street Address _____	
City _____	State _____ Zip _____
<b>P.M.</b>	
<b>Drop Off Address:</b> (Complete address of where child will be dropped of at)	
Parent/Guardian/Relative/Daycare Name _____	
Street Address _____	
City _____	State _____ Zip _____

Please list all your children that this pick up/drop off location will apply to who you plan to have attend Indian Community School for the 2017-2018 School year

Child's Name _____	Current Grade _____
Child's Name _____	Current Grade _____
Child's Name _____	Current Grade _____
Child's Name _____	Current Grade _____
Child's Name _____	Current Grade _____

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