## **Kenowa Hills Public Schools**

## **Transportation Policy Notice**

We are excited to have your child enrolled in the Kenowa Hills School District. Thank you for the opportunity to serve you by transporting the most precious cargo we could ever carry.

## Your child's safety is our top priority.

To ensure a secure and consistent transportation process for all students, we kindly ask that parents or guardians choose **one designated address**—either **Address 1** or **Address 2**—for weekly pick-up and/or drop-off. This selected address **MUST** remain consistent throughout the YEAR to help us maintain a safe and organized routine. It is also important to note that students may only ride their assigned bus. This policy is in effect for all students at all grade levels. Please contact us if you have any questions.

When school is scheduled for a half-day session, we will allow your student to ride to KH ECC Daycare as an alternate drop off location. We are only allowing this exception for KH ECC Daycare and no other daycare providers. Your student must be registered with KH ECC Daycare and arrangements must be made with the KH ECC Building Secretary and the Transportation Office in advance of the half day schedule.

ALL Kindergarten students must have a parent/guardian present at the bus stop for the student to get off the bus, or a waiver must be signed. You may request a form from your bus driver and give it back to your child's driver **Thank you for your understanding and cooperation!** 

| School Attending:   |           |                               | Effective Da                        | ate     |
|---|-----------|-------------------------------|-------------------------------------|---------|
| Student Name:   |           |                               |                                     | Grade   |
| Student Name:   |           |                               |                                     | Grade   |
| Student Name:   |           |                               |                                     | Grade   |
| Address 1:  |           |                               |                                     |         |
| Parents Name:   |           |                               |                                     | Phone # |
| Address 1   |           |                               |                                     |         |
| Stop: AM only   | PM only   | AM and PM                     |                                     |         |
|   |           |                               | <b>Thursday</b><br>oply)            | Friday  |
| Adult Name or Daycare Facility:   |           |                               |                                     |         |
| Relationship to stude   | nt: Paren |                               | aycare Provider<br>ce that applies) | Other   |
| Address 2:  |           |                               |                                     |         |
| Address 2 Stop:   | AM only   | PM only                       | AM and PM                           |         |
| Monday  |           | Wednesday<br>choices that app | Thursday                            | Friday  |
| Parent or Guardian Signature Required:  Return email: transportation@khps.org |           |                               |                                     | Date:   |