

**School District of New Holstein
Transportation Form
4 Year Old Kindergarten Program & Early Childhood
2025 -2026**

Please complete all information below to help us get your child to and from school safely.

Student's Name: _____ **DOB:** _____
 Last **First**

Parent/Guardian(s): _____ **Child's Grade:** _____
 Last **First**

Child's Address: _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact Person: _____ **Phone #:** _____

Any Health Concerns for your Child: _____

_____ I will be transporting my child *to* and/or *from* school. _____ To _____ From _____ Both

_____ My child will be *picked-up* and/or *dropped-off* at the above address. _____ P/U _____ D/O _____ Both

_____ My child will be in Husky Den. _____ **AM** (M,T,-Th,F) _____ **PM** (M,T,-Th,F) _____ **All Day WED**
(Contact Husky Den for enrollment.)

_____ My child will be transported to and from a different location as indicated below. (M,T,Th,F)

Alternate PICK-UP site:

Name & Relationship to Child:

Address:

Phone #:

Alternate DROP-OFF site:

Name & Relationship to Child:

Address:

Phone #:

Parent/Guardian(s) primary email address for Viafy app: _____

The transportation department will email login credentials to you once routes are built.