BUSSING SERVICE REQUEST FORM 2021-2022 SCHOOL YEAR

Duaine Zila

Mid States School Bus, Inc.
PO Box 439
Battle Creek, NE 68715

| Parent Name: | | |
|---|------------------------------|-------------|
| Геlephone Number: Home | Work | |
| Mailing Address: | Γown | Zip |
| E-mail Address: | | |
| Do you live within 4 miles of Battle Creek Yes _ | No | |
| Residence Location: Please give exact miles from Battle Creek | and which side of the road y | ou live on. |
| | | |
| If you are renting, landowner's name: | | |
| Is this your first year you will be using the bus service? | Yes No | |
| Will you need bus service: (Full time) (Part time) If you are part time: (AM) (PM) What days of the week if you are part time: (Mon) (Tues) (Resident of Battle Creek District Option Student | (Wed) (Thurs) (Fri) | |
| Please list the following stu Child Name | | |
| School he/she will be Grade he/she will be in during the | e attending | |
| | | |
| Any other helpful information: | | |

The Battle Creek Public Schools contracts bussing services through the Mid States School Bus, Inc. Our contact person at the school is Duaine Zila, and his phone number is 402-675-5802 or cell: 402-675-8545. Please contact Duaine if your child(ren) will not be riding the bus before 6:30AM, or if you have any concerns regarding the bussing services you are receiving. Thank you for your assistance.