



Mount Horeb Area School District
New Enrollment
Request for Transportation

Student Information

Student Name _____

Parent/Guardian Name _____

Address _____

City _____

Phone: Home _____ Work _____ Cell _____

Start Date _____

PLEASE NOTE: ONLY ONE PICK-UP AND DROP-OFF ADDRESS ALLOWED

Pick-up Address (if different from above) _____

Drop-off Address (if different from above) _____

Childcare Provider _____

Childcare Provider Phone _____

Other Useful
Information _____

Please return to the transportation department:
421 W Garfield St, Mount Horeb, WI 53572
Or
Email to: jauchelizabeth@mhasd.k12.wi.us