


**First Student/Wausau School District
Yellow School Bus Application Form**
Please select the year for which you are applying:

 **26-27 School Year (Apply *AFTER* May 1, 2026)**

Wausau School District contracts with First Student to provide busing for home-to-school, co-curricular, and extra-curricular transportation.

First Student generally provides home-to-school transportation for these situations:

- Student resides more than two miles from their home school
- Student resides in an area identified in the District's Hazardous Transportation Plan
- Students with transportation identified in their Individualized Educational Program (IEP)

Please complete this application and return to First Student at 730 S. 17th Avenue, Wausau WI 54401 or to the Longfellow Administration Center at 415 Seymour Street, P.O. Box 359, Wausau WI 54402-0359 by **July 31, 2026, if applying for the 2026-2027 school year**. Applications received after this date may not be processed until after the new school year starts. When submitting an application during the school year, please allow up to five (5) business days to process.

All bus stop information is based on your home address. If your child needs to be picked up or dropped off at an address other than your home, you **MUST** complete a "Transportation to Accommodate Child Care Needs" form, which is available at First Student and the Longfellow Administration Center. Transportation forms may also be found on the Wausau School District website (www.wausauschools.org) or by calling First Student at 715-842-2268 or the Longfellow Administration Center at 715-261-0515.

Student Name	Grade	School	Will Ride a.m. only	Will Ride p.m. only	Will Ride a.m. & p.m.

Parent/Guardian Name(s): _____

Home Address: _____
House Number, Apartment Number, Street Name, City, and Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent Email Address: _____

Emergency Contact Name: _____ Phone Number(s): _____

Part of our vision at First Student is to ensure that students have the best possible ride to and from school. To help us accomplish this, you may wish to provide special medical conditions/information about your child(ren) such as diabetes or allergic reactions to bee stings. Any information you provide will be kept confidential and shared only with your child(ren)'s driver and/or bus monitor. **It is the responsibility of the parent/guardian to notify First Student regarding any special medical condition.**

Name(s) of Child(ren) with medical condition(s): _____

Please describe special medical condition(s): _____



730 S. 17th Avenue, Wausau, WI 54401
715-842-2268 Ext 1