



Transportation Department
3109 Mt Pleasant St
Racine, WI 53404
262-631-7138

EMAIL: transportation.department@rusd.org

GENERAL TRANSPORTATION CONCERN FORM

Date: _____

Student: _____ Student #: _____

Home Address: _____ Phone: _____

School: _____ Grade: _____

Assigned to Route #: _____ Assigned Bus Stop: _____

Nature of Concern: _____

Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Disposition of the Concern: _____

Driver: _____

By: _____ Date: _____