

District 742 Transportation Request and Change Form (Including Daycare Requests)

- Please complete this form:
 - if your child is a **new student** who will become an active bus rider or
 - for **changes regarding daycare use, home address or phone number**
- Any changes to your child's pick-up or drop-off location requires: **parent/guardian signature and requested started date for this action to take place.**
- Each student is allowed one bus stop for the a.m. and one stop for the p.m. **Parents are responsible for their own temporary arrangements.**

REASON FOR REQUEST

- New student Parent chooses to self-transport: a.m. p.m.
 Daycare (new or change) Change of address/phone

STUDENT INFORMATION

Student's Name (Please print): _____ ID# _____
Parent/Guardian Name: _____
Home Address: _____
Home Phone: _____ Emergency phone: _____

SCHOOL/PROGRAM

School _____ Grade _____
Immersion Programs: Jumpstart programs:
 Chinese Immersion (Madison) Discovery North
 Spanish Immersion (Clearview) Talahi Apollo

PICK-UP/DROP-OFF INFORMATION

Pick up student by: Drop off student by:
 home address daycare address home address daycare address

DAYCARE INFORMATION

Provider's name _____ Phone number _____
Address _____

Requested start date: _____ School Year _____
Parent/Guardian signature: _____ Date _____

RETURN TO: DISTRICT TRANSPORTATION, 737 OSSEO AVE. SO., ST. CLOUD, MN 56301 PH: 253-9370/ FAX: 320-529- 4341

OFFICE USE ONLY

Completed by: _____ Date _____