

St. Cloud Area Schools 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.**
 - please allow up to three (3) business days for transportation requests to be completed

REASON FOR REQUEST

- | | |
|--|--|
| <input type="checkbox"/> New student | <input type="checkbox"/> Parent chooses to self-transport: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| <input type="checkbox"/> Daycare (new or change) | <input type="checkbox"/> 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:

- Chinese Immersion (Madison)
- Spanish Immersion (Clearview)

PICK-UP/DROP-OFF INFORMATION

Pick up student by: <input type="checkbox"/> home address <input type="checkbox"/> daycare address	Drop off student by: <input type="checkbox"/> home address <input type="checkbox"/> daycare address
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DAYCARE INFORMATION

Provider's name _____ Phone number _____
Address _____

Requested start date: _____ School Year _____

SIGNATURE

Parent/Guardian signature: _____ Date _____

RETURN TO: DISTRICT TRANSPORTATION, 737 OSSEO AVE. SO., ST. CLOUD, MN 56301 or EMAIL DSB@ISD742.ORG
PHONE: 253-9370 FAX: 320-529- 4341

OFFICE USE ONLY

Completed by: _____ Date _____