

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

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:

Chinese Immersion (Madison)

Spanish Immersion (Clearview)

PICK-UP/DROP-OFF INFORMATION

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

DAYCARE INFORMATION

Provider's name _____ Phone number _____

Address _____

Requested start date: _____ School Year _____

SIGNATURE

Parent/Guardian signature: _____ Date _____

OR Email to: dsb@isd742.org

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 _____