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
☐ Daycare (new or change)
☐ Parent chooses to self-transport: ☐ a.m. ☐ p.m.
☐ 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 _____

RETURN TO: DISTRICT TRANSPORTATION, 737 OSSEO AVE. SO., ST. CLOUD, MN 56301 or EMAIL DSB@ISD742.ORG
PHONE: 320-370-6940 FAX: 320-370-6989

OFFICE USE ONLY

Completed by: _____ Date _____

Revised: 8/7/17