Transportation Request or Change Form

Complete this form when… (check one)

☐ Student is new to District 742
☐ Student’s school or address has changed
☐ Student’s daycare, or pick-up/drop-off location has changed

PLEASE NOTE: Busing is provided within attendance area only.
• Transportation will be provided for students who attend a daycare located within the attendance area of their school.
• Students are required to get on/off the bus at their assigned stop. Parents are responsible for temporary arrangements.

School attending:
☐ Apollo   ☐ Clearview   ☐ Discovery   ☐ Kennedy   ☐ Lincoln
☐ Madison   ☐ North   ☐ Oak Hill   ☐ South   ☐ Talahi
☐ Tech   ☐ Westwood   ☐ Other: _______________________________________

Is student in language immersion?  ☐ No  ☐ Yes  If yes, please identify ☐ Spanish  ☐ Chinese

Student Name: ___________________________________________________________________________________

Current Grade: ___________ Date of Birth: _________________ Student ID: ________________________________

Parent/Guardian: __________________________________________________________________ ____________

Street Address: ________________________________________________________________ Apt. # ____________

City: ______________________ Zip Code: _____________ Email: ________________________________________

Home/Cell Phone: _________________________________ Work Phone: _______________________________

Requested Effective Date: ____________  NOTE: Please allow 3 days for transportation change process.

Transportation TO school from: (please select one – ONLY ONE permitted)
☐ Home  ☐ Daycare/Other*  ☐ Parent will transport

Transportation FROM school to: (please select one – ONLY ONE permitted)
☐ Home  ☐ Daycare/Other*  ☐ Parent will transport or child attends KidStop at school

* Daycare or location other than home: (MUST be within school attendance area)

Name: ___________________________________________ Phone: ______________________________

Address: ______________________________________________________________________________

City: ___________________________________________ Zip Code: ______________________________

Parent/Guardian Signature: ___________________________________________________ Date: _________________

Mail: DISTRICT TRANSPORTATION
737 OSSEO AVE. S
ST. CLOUD, MN 56301

EMAIL DSB@ISD742.ORG

Please submit completed requests as early as possible.
For additional questions and concerns, please contact Transportation.
320-370-6940

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