

## **Transportation Request and Change Form**

If your child is a new student who will become an active bus rider, or if you have changes regarding daycare use, home address, or phone number, please complete this form.

Any change to your child's pick-up or drop-off location requires a parent or guardian to sign and indicate the requested date.

Each student is allowed one bus stop for the AM and one bus stop for the PM. Parents are responsible for their own temporary arrangements.

-	-	transportation recont):				
School:		Grade:	DOB:		☐ Male	☐ Female
Parent/Guar	dian Name:					
Home Addre	ess:					
Home Phone						
Morning tra	nsportation:	☐ Parent transports	to school			
		☐ Student gets picked up at home				
		☐ Student gets picke	ed up at dayc	are/alternate	address	
		(Must be the same	e every day,	fill in daycare	info below)	
Afternoon ti	ransportation:	: □ Parent transports from school				
		☐ Student gets dropped off at home				
		☐ Student gets dropped off at daycare/alternate address				
		(Must be the same	e every day,	fill in daycare	info below)	
•		nformation (If applicable): Daycare Phone Number:				
Daycare Add	lress:					
	****Note t	hat change requests	require 48	hours for p	rocessing**	***
	You wil	l receive schedule in	nformation	following p	rocessing.	
S	Students shou	ld be at their bus st	op 5 minute	es prior to d	esignated t	imes.
				<b>,</b>	<b>3</b>	
Foday's Date:			Date for requ	est to start: _		
Parent/Guar	dian Signature					
	Souk Donida	Digo Dublio Coboole	,			
Return to:	•	-Rice Public Schools on Department a Rd NE	or or	transporta	ition@isd47.	org

Sauk Rapids, MN 56379