

INDEPENDENT SCHOOL DISTRICT # 719
PRIOR LAKE, MN 55372

ALTERNATE BUS STOP REQUEST FORM

A NEW FORM IS REQUIRED EACH YEAR AND FOR ANY CHANGE DURING THE YEAR. FORMS MUST BE RECEIVED IN THE TRANSPORTATION DEPARTMENT BY JUNE 15 FOR EACH NEW SCHOOL YEAR. We may not be able to fulfill your transportation need in the timeframe you would like if this form is returned after June 15. Thank you for your cooperation.

STUDENT LAST NAME _____ FIRST _____ MIDDLE _____ GRADE(IF "K" AM OR PM) _____ SCHOOL _____

PARENT/GUARDIAN NAME _____ FIRST _____ MIDDLE _____ HOME PHONE _____

HOME STREET ADDRESS _____ CITY/STATE _____ ZIP CODE _____ WORK PHONE _____

NAME OF DAYCARE PROVIDER _____ DAYCARE PHONE _____

DAYCARE STREET ADDRESS _____ CITY/STATE _____ DAYCARE PHONE _____

I wish to have my child picked up at: _____
ADDRESS

I wish to have my child dropped off at: _____
ADDRESS

BEGINNING DATE _____ ENDING DATE _____

EMERGENCY CONTACTS - PLEASE LIST TWO

NAME PHONE / NAME PHONE

I UNDERSTAND THIS A **FIVE-DAY-A-WEEK** REQUEST, AND IT IS MY RESPONSIBILITY TO TRANSPORT MY CHILD WHEN THE LOCATION IS DIFFERENT FROM ABOVE BUS STOPS. I UNDERSTAND THAT THE RESPONSIBILITY OF THE SCHOOL DISTRICT WILL BE TO TRANSPORT MY CHILD TO AND/OR FROM SCHOOL AT THE LOCATIONS LISTED ABOVE ONLY.

SIGNATURE DATE

RETURN FORM TO: TRANSPORTATION DEPARTMENT OR FAX TO: 952-226-0049
P. O. BOX 539
4540 TOWER STREET SE
PRIOR LAKE, MN. 55372

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TRANSPORTATION OFFICE USE ONLY

BUS # TO SCHOOL STOP LOCATION ADDRESS PICKUP TIME

BUS # FROM SCHOOL STOP LOCATION ADDRESS DROP OFF TIME

COMPLETED BY _____ DATE _____