

# District 742 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.**

## 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: Jumpstart programs:  
 Chinese Immersion (Madison)  Discovery  North  
 Spanish Immersion (Clearview)  Talahi  Apollo

## PICK-UP/DROP-OFF INFORMATION

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

## DAYCARE INFORMATION

Provider's name \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

Requested start date: \_\_\_\_\_ School Year \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_