

Day Care or Alternate Address Form

SPRING LAKE PARK SCHOOLS

Unless informed otherwise, the Transportation Department will assume all students are to be picked up and dropped off at the stop nearest their home address. Only complete this form if your children will attend a day care facility or alternate residence where they would need transportation services. For safety reasons, all students are limited to one pickup location and one drop off location, and they must be consistent for everyday of the week. Should you need to make a change in day care/alternate address location during the school year, please complete a new form and submit to transportation@district16.org. The day care/alternate address location must be within your school's attendance boundary. It may take 3-5 business days for the change to take effect. During this time, it is the parent's responsibility to transport. If you have any questions, please contact the Transportation Department at 763-600-5590. **This form is due by July 15.**

Student 1 Name:				Grade:	_ School:			
To School: (choose only one)	Ride from existing stop	Ride from daycare/alt.	A.M. no ride	From School: (choose only one)	Ride to existing stop	Ride to daycare/alt.	P.M. no ride	
Student 2 Name:				Grade:	_ School:			
To School: (choose only one)	Ride from existing stop	Ride from daycare/alt.	A.M. no ride	From School: (choose only one)	Ride to existing stop	Ride to daycare/alt.	P.M. no ride	
Student 3 Name:				Grade:	_ School:			
To School: (choose only one)	Ride from existing stop	Ride from daycare/alt.	A.M. no ride	From School: (choose only one)	Ride to existing stop	☐ ····ɑ·· ··	P.M. no ride	
Student 4 Name:				Grade:	_ School:			
To School: (choose only one)	Ride from existing stop	Ride from daycare/alt.	A.M. no ride	From School: (choose only one)	Ride to existing stop	Ride to daycare/alt.	P.M. no ride	
Mailing Address (n amerent nom abov	House N	umber, Street Name, Apt. Num	ber	City	State	Zip	
Will your student	ride to or from a	a day care provi	der or alternate lo	cation other than th	neir home addre	ess?		
□No	☐ Yes (If yes, p	olease provide us wi	th the contact informati	ion and address for this lo	ocation.)			
Day care Provider/Alternate's Name:					Effective Start Date:			
Alternat	e's Address:		, Street Name, Apt. Number		City	State	Zip	
Alternat	e's Phone Numb	·			•			
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	•			ortation to both loc rm for both residences ar		☐ Yes	15	
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Printed Parent/Guardian Name:								
Signature of Pare	nit Guardian:			Date: _				