

Bus Registration

Registration Form Due August 1, 2020

This form must be completed every school year in order to use an existing bus stop.

When students are approved to attend a School District 197 school, transportation may be provided under the following conditions:

- The student has registered for transportation online at (www.isd197.org/services/transportation) during the time of enrollment at their school or a paper/electronic form that is mailed to the transportation department. The student's residence must be located outside the district walk area guidelines.
- Students must utilize an existing stop on an established bus route. (The stop location could be a mile or more inside our district boundary.) No rerouting of the bus will be provided.
- There must be an open available seat on the bus to transport all students safely.
- Starting August 1, all students that reside within the district boundary and have registered for a bus will be assigned a bus route. Any available seats will then be assigned to registered non-resident students in the order their registration was received.
- It is the parent/ guardian's responsibility to provide for their student's safety while traveling to and from their assigned bus stop.
- All students grades K-12 will be dropped off at their stop location whether or not parents/guardians are present. (Parents should be at the stop 5 minutes in advance of the scheduled time and wait at the stop until the bus arrives.)
- Postcards with bus information are mailed to homes in late August.
- Please mail form to District Transportation, 1145 Medallion Drive, Mendota Heights, MN 55120. This form may also be completed online at www.isd197.org/services/transportation/forms.
- If you have questions, please call 651-403-8320.

Student First Name: _____ Student Last Name: _____

Birthdate: _____ Student ID Number: _____

Gender: Male Female

Grade in Upcoming School Year: _____ School in Upcoming School Year: _____

When will the student ride? (Check one or both) AM PM

Student's Street Address: _____ City/State/Zip Code: _____

Parent/Guardian Name: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____

Secondary/Emergency Contact Name: _____ Contact Phone: _____

Daycare Information (Complete if applicable. Pickup and drop off must be five days each week at the same location.

AM and PM may be different locations.)

Daycare Provider's Name: _____ Phone: _____

Daycare Address: _____

This address is transportation for (click one or both): (Check one or both) AM PM

Additional Information: _____

Does Your Child Have Any Special Health Needs or Concerns: _____
