

## Student Transportation Special Request 2020-2021 School Year

**Each year this form must be completed for every student.** This information is used to assess transportation needs, determine eligibility, and plan busing for students. "Childcare" includes private providers and/or family members providing care at a location other than the **parent/guardian's residence**.

**For incoming PreK-Kindergarten students:** Please return this form, along with your other enrollment forms, to your child's school or to the Enrollment Center, 7051 Brooklyn Boulevard, Brooklyn Center, MN 55429.

**\*\*\* Read the following IMPORTANT information before completing the form \*\*\***

**Consistent bus stops are necessary for the safety of students.** Students are not allowed to make changes regarding pick-up or delivery stops. *Example: riding a school bus to a friend's house.*

Special transportation arrangements may be considered for students in Childcare. A student may be:

- picked up at the home, attend school and delivered to Childcare;
- picked up at the Childcare, attend school and delivered to the home; or
- picked up at the Childcare, attend school and delivered to Childcare.

The below transportation arrangements can be made under the following conditions:

1. **You may only select ONE morning (AM) and ONE afternoon (PM) address for your transportation needs.**
2. Both addresses are within the attendance area of the school.
3. Both addresses are outside the .80 mile limit of home to school for students in grades PreK-5.
4. Both addresses are outside the 1 mile limit of home to school for students in grades 6-12.

Parent/guardians with shared custody situations should contact our transportation department via email at [busquestions@district279.org](mailto:busquestions@district279.org) or phone 763-391-7244

School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Address Apt/Unit # City Zip Code

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Childcare Provider: \_\_\_\_\_ Childcare Phone: \_\_\_\_\_

Address Apt/Unit # City Zip Code

TO SCHOOL (AM Route)	FROM SCHOOL (PM Route)
Student coming from ( <b>Select ONE only</b> ): <input type="checkbox"/> home address <input type="checkbox"/> childcare address <input type="checkbox"/> bus not needed <input type="checkbox"/> attend Kidstop/Ozone <input type="checkbox"/> childcare provides transportation	Student returning to ( <b>Select ONE only</b> ): <input type="checkbox"/> home address <input type="checkbox"/> childcare address <input type="checkbox"/> bus not needed <input type="checkbox"/> attend Kidstop/Ozone <input type="checkbox"/> childcare provides transportation

***I certify that all information contained on this form is accurate.***

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Today's Date

**IF THIS INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL SECRETARY.**