



Transportation Registration *(All Grades)*

Student Name: _____ Student ID: _____

School: _____ School Year: _____

Start Date: _____ Grade: _____

Your child's weekly pick up and drop off schedule must remain consistent throughout the school year.

Transportation Requested:

TO	Transportation TO SCHOOL from: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Transportation TO SCHOOL from: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday

FROM	Transportation FROM SCHOOL to: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Transportation FROM SCHOOL to: <input type="checkbox"/> Home <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday

Daycare	Daycare will provide transportation TO SCHOOL from Daycare:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Daycare will provide transportation FROM SCHOOL to Daycare:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	Name of Daycare Provider: _____		Contact Phone: _____

Office	I will DROP OFF my child at school office or Club Care:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday
	I will PICK UP my child at school office or Club Care:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	<input type="checkbox"/> Everyday

HOME Address: _____	City: _____	Phone: _____
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OTHER Address: _____	City: _____	Phone: _____
OTHER Contact Name: _____	Relationship: _____	

Terms of Ridership:

- Bus service is only provided to or from the student's assigned school based on their attendance boundaries
- Bus service may be discontinued if the student does not ride the bus for 10 consecutive school days
- Bus service may be discontinued if the student does not follow bus safety rules
- Please allow up to 5 days from receipt of this form for implementation of bus service
- Each school has a "No Bussing" zone in place; please refer to the Q&A section at the link below for details
- Stop locations can be up to a 1/4-mile walking distance from the student's home to the bus stop location
- The Non-public school transportation program is limited, please contact the Transportation Department for details

Transportation Information Links:

- Your bus information (bus number, bus stop, pickup and drop off times) is available in the Parent Portal in early August
- Track your bus while using MyStop & Learn more in the Q & A section on the Transportation page found on our website: <https://www.district112.org/district/departments/transportation>

Parent or Guardian Signature for Elementary and Middle School Students: _____

Completed forms may be dropped off at your child's school, the Welcome Center or the Transportation Department.

Email: transportation@district112.org Phone: 952.556.6160 Fax: 952.556.6169 Mail: 11 Peavey Road, Chaska MN 55318