



# Welcome to Eastern Carver County Schools!

## How do I complete my child's enrollment?

**Register Online:** Visit [eccs.mn/enroll](https://eccs.mn/enroll) and click on "Enroll in Grades K-12". Enter your email address to receive a link to fill out the forms online. You will receive a confirmation email to begin online registration. Please save this email so you can go back without losing your work.

**Register in Person:** Visit the Welcome Center to complete a paper copy of the registration.

## What do I need to bring?

The following documents are required with each child's registration.

**Your application will not be complete until ALL documentation is provided.**

- ☐ **Proof of age and name of student:** the child's birth certificate or passport.
- ☐ **Proof of residency:** a current utility bill or signed rental/lease agreement or signed purchase agreement.
- ☐ **Pupil immunization records** - State law requires up-to-date vaccinations to attend public schools.
- ☐ **Early Childhood Screening (Kindergarten students only)** - An early childhood screening is required by state law before your child starts kindergarten and is free to residents. You can schedule your child's screening online at [eccs.mn/screening](https://eccs.mn/screening) or call 952.556.6407.

## Documents can be submitted in the following manner:

- Uploaded with the online application (preferred)
- E-mailed to [welcomecenter@district112.org](mailto:welcomecenter@district112.org)
- Faxed to Welcome Center at **952-556-6109**
- Sent via U.S. Mail to Welcome Center
- Brought to the Welcome Center

**Welcome Center Address:** 11 Peavey Road Chaska, MN 55318

**Welcome Center Phone Number:** 952-556-6112

**Welcome Center Hours:** 7:30 a.m. – 4:30 p.m. Monday through Friday

Please Arrive by 3:00 p.m. to begin enrollment paperwork.



# EASTERN CARVER COUNTY SCHOOLS

## Student Registration Form K-12

### SCHOOL USE ONLY

Student ID \_\_\_\_\_  
 Birth Verification \_\_\_\_\_  
 Primary Language \_\_\_\_\_  
 School \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Entry Code \_\_\_\_\_  
 Service Type: Primary or Part-time  
 Resident District \_\_\_\_\_  
 State Aid Code \_\_\_\_\_  
 Graduation Year \_\_\_\_\_  
 Notification of Change  
 form sent \_\_\_\_\_

### Section I. Student Information - student's full legal name as it appears on birth certificate

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Nickname \_\_\_\_\_

Eastern Carver County Schools uses text messaging for important district & school information.

If you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out ☐

Student's Personal Cell Phone \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Student's Birth Country \_\_\_\_\_

Date Student First Entered United States \_\_\_\_\_

Has the student attended school in the United States for more than 3 full academic years. (On a cumulative basis) ☐ Yes ☐ No

### Early Childhood Screening-Complete only if registering for Kindergarten

**Preschool Screening – is required by law for your child's entry into public school kindergarten or first grade.**

Has your child received a comprehensive health and developmental preschool screening? (3-5 years old) ☐ Yes ☐ No

a. If Yes, screening date: \_\_\_\_\_

b. If Yes, check type of Provider: ☐ Child/Teen Checkups ☐ Head Start ☐ Private Provider ☐ School District ☐ Conscientious Objector

c. If Yes, Name of Provider or District \_\_\_\_\_

d. If No, please visit this website to register for preschool screening: [eccs.mn/screening](http://eccs.mn/screening)

### Special Programs-Requires Prior Approval from School

☐ Integrated Arts Academy
 ☐ 17-21 Program
 ☐ ALC Summer School
 ☐ STAR
 ☐ Anicca Program

**Section III. Ethnic and Racial Demographic –Required to answer Federal Questions (in Bold).**

If you choose not to answer the federal questions, federal law requires schools to choose for you.

State Questions are Optional and schools will not fill in this information for you.

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Yes ☐ No

A. Optional Question: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate ☐ Colombian ☐ Ecuadorian ☐ Guatemalan ☐ Mexican ☐ Puerto Rican  
☐ Salvadoran ☐ Spaniard/Spanish/Spanish-America ☐ Other Hispanic/Latino ☐ Unknown

**SELECT “YES” TO AT LEAST ONE OF THE QUESTIONS (1-6) BELOW.**

**1. Does the student identify as American Indian or Alaska Native as defined by the state of**

☐ Yes ☐ No

**Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. This question is needed to calculate state aid/funding.

A. Optional Question: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate ☐ Anishinaabe/Ojibwe ☐ Cherokee ☐ Dakota/Lakota ☐ Other North American Indian Tribal Affiliation ☐ Unknown

**2. Is the student American Indian from South or Central America?**

☐ Yes ☐ No

**3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Yes ☐ No

A. Optional Question: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate ☐ Asian Indian ☐ Burmese ☐ Chinese ☐ Filipino  
☐ Hmong ☐ Karen ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Unknown

**4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.

☐ Yes ☐ No

A. Optional Question: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- ☐ Decline to indicate ☐ African-American ☐ Ethiopian-Oromo ☐ Ethiopian-Other  
☐ Liberian ☐ Nigerian ☐ Somali ☐ Other black ☐ Unknown

**5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?**

☐ Yes ☐ No

The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Yes ☐ No

**Section IV. Student Enrollment Information**

1. Is this student currently enrolled in school elsewhere? ☐ Yes ☐ No  
 Name of school currently attending \_\_\_\_\_  
 K-12 (not preschool) (School Name) (City) (State)
  
2. **Last school attended if not currently enrolled** \_\_\_\_\_  
 K-12 (not preschool) (School Name) (City) (State)
  
3. Has your student ever attended a public school in Minnesota before? ☐ Yes ☐ No  
 a. If Yes, name of Minnesota School or District. \_\_\_\_\_
  
4. Is this student participating in a Foreign Exchange Program? ☐ Yes ☐ No  
 a. If Yes, name of Foreign Exchange Program. \_\_\_\_\_
  
5. Does this student have an immediate family member who is currently in the U.S. armed forces either as a reservist, on active duty or has recently retired? ☐ Yes ☐ No
  
6. Does this student have a Parent who is a member of the Armed Forces on Active Duty? ☐ Yes ☐ No  
 a. If Yes, what branch of Armed Forces \_\_\_\_\_
  
7. Does this student currently receive Gifted and Talented services? ☐ Yes ☐ No
  
8. Is this student currently homeless (lacks a fixed, regular and adequate nighttime residence)? ☐ Yes ☐ No  
 (If "Yes" please fill out Temporary Housing Form with district personnel)
  
9. Have you recently moved to this school district within the last 3 years in order to accompany or join a parent/guardian who has moved to seek or obtain temporary or seasonal work in agriculture or fishing? ☐ Yes ☐ No  
 a. If Yes, please check the appropriate box that best describes the work that was done (or sought) in.  
☐ Fruit, vegetable, soybeans, sunflower, cotton, wheat, grain, sugar beets, agricultural farms, ranches, fields & vineyards.  
☐ Food warehouse, processing plant or canneries, packing sheds, elevator and fertilizer plant, alfalfa, mill.  
☐ Dairies ☐ Poultry Farms ☐ Fisheries ☐ Slaughter Houses, Beef, Pork, Poultry.  
☐ Forestry Industry, Plant Nurseries and Orchards.  
☐ Hauling from field to silo/elevator, agricultural products (corn).
  
10. Is this student a Ward of the State (parental rights have been terminated by court order)? ☐ Yes ☐ No  
 (Does not include foster homes)
  
11. Does this student currently live in a foster home? (Additional documentation required). ☐ Yes ☐ No
  
12. Does this student currently live in District 112? ☐ Yes ☐ No  
 a. If No, what District does the student live in? \_\_\_\_\_  
 b. If No, has an Open Enrollment Agreement been completed and sent to the Welcome Center? ☐ Yes ☐ No
  
13. Does your child currently receive specialized services on an Individual Education Plan (IEP)? ☐ Yes ☐ No  
 a. If Yes, please identify the areas of service or primary disability area. \_\_\_\_\_  
 b. Do you have a copy with you today? ☐ Yes ☐ No
  
14. Does your child currently receive accommodations through a 504 plan? ☐ Yes ☐ No

**Section V. Student Primary Household Information-list family members who reside at the same address with student.  
NEED ADDITIONAL DOCUMENTATION IF NOT LIVING WITH A BIOLOGICAL PARENT.**

Current Primary Home Address of Student \_\_\_\_\_

Mailing Address of Student - If Different from Home Address \_\_\_\_\_

If Applicable, Anticipated Date Moving into District 112 \_\_\_\_\_

New Primary Home Address Upon Move into District 112 \_\_\_\_\_

Student Home Landline Phone \_\_\_\_\_

Student Lives  
With: Check  
Box Above  
Relationship:

☐ Both  
Parents

☐ Mother

☐ Father

☐ Mother and  
Stepfather

☐ Father  
and  
Stepmother

**ADDITIONAL DOCUMENTATION REQUIRED**

☐ Foster  
Parents

☐ Host  
Family

☐ Other-Please Specify  
Relationship Below.  
\_\_\_\_\_

**Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(Current Name) (Maiden Name)

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Country \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(M/F)

Legal Guardian ☐ Yes ☐ No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students' educational records and will receive information in ☐ Yes ☐ No  
the following manner: Mailing, Portal and Email.

Eastern Carver County Schools uses text messaging for important district & school information.

If you do not wish to receive text messages from Eastern Carver County Schools, please check box to Opt-Out ☐

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student's parent/guardian need interpreter services? \_\_\_\_\_ Preferred Language \_\_\_\_\_

**Parent/Guardian/Adult-who resides at the same address with the student. Use full legal name as it appears on driver's license.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(Current Name) (Maiden Name)

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Country \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(M/F)

Legal Guardian ☐ Yes ☐ No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students' educational records and will receive information in ☐ Yes ☐ No  
the following manner: Mailing, Portal and Email.

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Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student's parent/guardian need interpreter services? \_\_\_\_\_ Preferred Language \_\_\_\_\_

**List Legal Names of other children from birth through grade 12, who reside at the student's address.**

Last Name - as appears on birth certificate	First Name	Middle Name	Gender M/F	Date of Birth	Relationship to Student	Name of School Attending

**Section VI. Additional Parent/Guardian Information. PARENTS NOT LISTED ABOVE AND DO NOT LIVE AT THE STUDENTS PRIMARY ADDRESS. Use parent's full legal name as it appears on driver's license.**

Does this student reside with this parent/guardian part-time during the school year?

☐ Yes

Secondary

☐ No

Non-Household

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(Current Name) (Maiden Name)

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Country \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(M/F)

Legal Guardian ☐ Yes ☐ No Biological parents & other adults with court appointed rights (documentation required) are legal guardians.

The Guardian above will have rights and access to all students' educational records and will receive information in ☐ Yes ☐ No the following manner: Mailing, Portal and Email.

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Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Does the student's parent/guardian need interpreter services? \_\_\_\_\_ Preferred Language \_\_\_\_\_

Home Landline Phone \_\_\_\_\_

Parent/Guardian Resident Address \_\_\_\_\_

Parent/Guardian Mailing Address-If different from resident address. \_\_\_\_\_

**\*\*SIGNATURE REQUIRED\*\***

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

**\*\* Parent/Guardian Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The data requested on the registration forms will be maintained as part of your child's educational and directory records. Some data is required (such as name, address, and birthdates). Other information requested is not required (such as emergency contacts) but will help us to serve you and your child more efficiently. The information you provide may be shared with other staff within the school district and the Minnesota Department of Education whose jobs require access or other agencies as provided by law. Student educational records are considered private under Minnesota's Data Practices Act. Student directory information is designated per the School District's Data Privacy Policy.

The Family Education and Privacy Rights Act provide that educational records are available to parents of a student. Legal documentation is required for custody limitations.

PLEASE COMPLETE ALL PAGES AND RETURN TO:  
Eastern Carver County Schools District Education Center  
ATTN: Welcome Center  
11 Peavey Rd Chaska, MN 55318

Welcome Center Phone Number: 952-556-6112  
FAX: 952-556-6109  
Email: WelcomeCenter@District112.org

**\*\* NAME OF PARENT/GUARDIAN COMPLETING REGISTRATION FORM IS MANDATORY**  
Note: Information on Data Privacy Act available on request.

## Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



# Digital Equity Student Survey

**Instructions:** Please fill in the following information based on how you use electronic devices to complete schoolwork at your home. This survey uses the primary address you provide as your “home”. **You should answer the questions below based only on the conditions at this address.**

**Please provide the following information for your student:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
*Print full legal name*

Student(s) Primary Address: \_\_\_\_\_

**Internet Access in Residence. Does the student have access to the internet on their primary learning device at home?**

- ☐ YES - We have internet at home
- ☐ NA - No, Not available at home
- ☐ NO - Not Affordable at home
- ☐ OTHER - No, there is another reason

**Internet Performance. Can the student stream a video on their primary learning device without interruption?**

- ☐ YES - No Issues (no pauses or buffering)
- ☐ NC - YES- but not consistent (some pauses or buffering)
- ☐ NO - Streaming doesn't work

**Primary Learning Device Provider. Is the device personal or school provided?**

- ☐ P - Personal
- ☐ S - School
- ☐ O - Other

**Primary Internet Access Type in Residence. What is the primary type of internet service used at home?**

- ☐ RB - Residential Broadband (DSL, Cable, Fiber)
- ☐ CN - Cellular Network
- ☐ HS - School provided Hot Spot
- ☐ SA - Satellite
- ☐ DU - Dial Up
- ☐ OT - Other
- ☐ NA - Unknown

**Primary Digital Device. What device does the student most often use to complete school work at home?**  
(Select Only One)

- ☐ DL - Desktop or Laptop
- ☐ TA - Tablet
- ☐ CB - Chromebook
- ☐ SP - Smart Phone
- ☐ NA - None
- ☐ OT - Other

**Primary Device Access. Is the Primary Digital Device shared with anyone else in the home?**

- ☐ S - Shared
- ☐ NS - Not shared
- ☐ U - Unknown

**Form Completed by:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_





# Student Health Information (Required Yearly by Schools)

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Physician/Clinic \_\_\_\_\_

Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

To insure the health and safety of your child this information may be shared with school district staff or emergency personnel based on a need to know.

Health Concerns	Yes	No	Medication (Name, dosage)	Necessary Monitoring in School	Comments or Describe
Asthma/ Respiratory				Inhaler at School?   Y   N	
Severe Allergies				Food Latex Insects	Type of reaction:  Date of Last reaction:
Diabetes					
Head Injury					
Seizures/ Neurological					Type and date of last episode
Heart/Blood					
Muscles/Bones/ Joint/Skin					
Bladder/Kidney					
Stomach/ Intestine/Bowels					
Immune Problems					
Emotional/ Behavioral					
Hearing Concerns				Hearing Aide? Preferential seating?	
Vision Concerns				Glasses or Contacts? Reading Only?	
Growth/Nutrition Concerns				Dietary restrictions (ie. Pork, vegetarian, gluten, etc.)?	Type:
Developmental Concerns					
Other Health Concerns					

If your child becomes ill or injured, the school will attempt to call the parent/guardian at home or at work. If you cannot be reached, the school will attempt to call the emergency contact. In case of serious accident/injury/illness, 911 will be called if necessary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 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: _____				
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](mailto:transportation@district112.org) Phone: 952.556.6160 Fax: 952.556.6169 Mail: 11 Peavey Road, Chaska MN 55318