



OPEN ENROLLMENT TRANSPORTATION REQUEST FORM

Date: _____

Superintendent Massey
Forest Lake Area Schools
6100 N. 210th Street
Forest Lake, MN 55025

Superintendent Massey:

As the parent/guardian of the child/children listed below, we are requesting transportation for:

Name of child: _____ to _____ school

Name of child: _____ to _____ school

Name of child: _____ to _____ school

Name of child: _____ to _____ school

Requested pick up address: _____

Requested drop off address: _____

SHELTER IS AVAILABLE AT BOTH THE PICK UP AND DROP OFF LOCATIONS: YES NO

Our home address is: _____

My phone number is: _____ My email address is: _____

Thank you,
