

Transportation Change of Address Form

Thief River Falls I.S.D. #564
Transportation Department
230 LaBree Ave S, Thief River Falls, MN 56701
Phone (218) 681-7077 Fax (218) 681-3820

Student Name _____ Grade _____

Parent/Guardian Name (1) _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Current Address: _____

Parent/Guardian Name (2) _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Current Address: _____

New Address: _____

Signature _____ Date _____

Request to change your address must be made in writing on this application FIVE (5) business days in advance for processing before Transportation will begin. Each child will only be allowed one primary bus stop and one secondary bus stop.

Thank you,
Transportation Department