

A NEW FORM IS REQUIRED EACH YEAR AND FOR ANY CHANGE DURING THE YEAR.

INDEPENDENT SCHOOL DISTRICT # 719
PRIOR LAKE, MN 55372

**Daycare
ALTERNATE BUS STOP REQUEST FORM**

FORMS MUST BE RECEIVED IN THE TRANSPORTATION DEPARTMENT BY **JULY 15th** FOR EACH NEW SCHOOL YEAR.

We may not be able to fulfill your transportation need in the timeframe you would like if this form is returned after July 15th. Thank you for your cooperation.

Daycare Stop Request:

STUDENT LAST NAME FIRST MIDDLE GRADE SCHOOL

PARENT/GUARDIAN NAME FIRST MIDDLE HOME PHONE

HOME STREET ADDRESS CITY WORK PHONE

NAME OF DAYCARE PROVIDER DAYCARE PHONE

DAYCARE STREET ADDRESS CITY

I wish to have my child picked up at: _____ ADDRESS

I wish to have my child dropped off at: _____ ADDRESS

BEGINNING DATE _____ ENDING ATE _____

I UNDERSTAND THIS A **FIVE-DAY-A-WEEK** REQUEST, AND IT IS MY RESPONDIBILITY TO TRANSPORT MY CHILD WHEN THE LOCATION IS DIFFERENT FROM ABOVE BUS STOPS. I UNDERSTAND THAT THE RESPONSIBILITY OF THE SCHOOL DISTRICT WILL BE TO TRANSPORT MY CHILD TO AND/OR FROM SCHOOL AT THE LOCATIONS LISTED ABOVE ONLY.

SIGNATURE DATE

RETURN FORM TO: TRANSPORTATION DEPARTMENT
4540 TOWER STREET SE
PRIOR LAKE, MN. 55372

Email: jswedberg@plsas.org