

## Student Placement Center

2102 University Avenue West Telephone: (651) 632-3700 Saint Paul, MN 55114-1806

Fax: (651) 632-3704

## **Saint Paul Public Schools** Waiver of Transportation 2023-2024

	2102 U	return to Student Placement Center niversity Ave W., St. Paul, MN 55114 pc@spps.org Fax: (651) 632-3704	
	Elliali. S	ocuspps.org Fax. (001) 002-0104	
Student Name		Birthdate	
Address			
City		Zip Code	
School Requested		Grade	
By signing this	form, you are agreeiı	ng to the following:	
transpor    I will be    I unders	tation area for the 20 responsible for trans tand that excessive to ult in my child being r	enrolling at a school/program that is outside of my 23-2024 school year. Foorting my child to and from school on time each day. Foorting ardiness or unexcused absences during the school year required to accept enrollment in another school within my	
T arony oddraio		(please print)	
Signature of Parent/Guardian		Date	
Parent/Guardia	n Phone Number/s		
OFFICE USE ONLY:			
ID	Area	CSZ	
Copies to: SPC	☐ Transportation	School	