

INDEPENDENT SCHOOL DISTRICT 196  
 Rosemount-Apple Valley-Eagan Public Schools  
*Educating, developing, and inspiring our students for lifelong success.*

Series Number 707.4P Adopted May 2010 Revised March 2024

Title Student Transportation Fee-For-Service Registration

In accordance with District Policy 707, Student Transportation, students enrolled in their attendance area school and living or attending daycare outside of the areas eligible for transportation may pay an annual fee for bus service to and/or from their attendance area school. Students who live within non-busing areas but are eligible for transportation due to hazardous crossing restrictions will continue to receive transportation at no charge. Fee-for-service transportation is **not** available for open-enrolled or intradistrict transfer students.

Parents/guardians applying for the transportation fee-for-service option must register **each** child receiving transportation services. Registration may be submitted in the following ways:

- Online with a credit card payment;
- By mail with this form and a check, or
- In person with this form and a check or cash. *Mail or deliver your payment to:*  
 District 196 Transportation Dept., 15180 Canada Ave., Rosemount, MN 55068

**SCHOOL YEAR FEE OPTIONS (check only one Submitted between June 1 and July 31(discounted)**

- \$275 per student
- \$550 max per family
- \$138 per student eligible for educational benefits (reduced category)\*
- \$276 max per family eligible for educational benefits (reduced category)\*
- \$69 per student eligible for educational benefits (free category)\*
- \$138 max per family eligible for educational benefits (free category)\*

**Submitted August 1 and later**

- \$300 per student
- \$600 max per family
- \$150 per student eligible for educational benefits (reduced category)\*
- \$300 max per family eligible for educational benefits (reduced category)\*
- \$75 per student eligible for educational benefits (free category)\*
- \$150 max per family eligible for educational benefits (free category)\*

\*You have my permission to verify my child's educational benefit status.

**REGISTRATION:**

Student \_\_\_\_\_

	last name	first name	middle initial	grade	ID#
Home address _____					
	address	city	zip code		
Parent/Guardian _____					
	last name	first	middle initial		
Phone number _____					
	home	work	cell		

**Complete information below for any deviations in transportation to and/or from home each day. Alternate address/Daycare provider information:**

last name	first name	phone
address	city	zip code

**School attending** \_\_\_\_\_

**Frequency information:**

Home Address

To School     M  T  W  TH  F                      From School     M  T  W  TH  F

Alternate Address/Daycare

To School     M  T  W  TH  F                      From School     M  T  W  TH  F

I understand it is *my responsibility* to bring my child to and from the bus stop designated for the location(s) noted above. I understand the *school district's responsibility* will be to transport my child to and/or from school from the bus stop designated for these location(s).

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Procedures/707.4P/3-14-24

Transportation Dept. use only: online payment _____ ck# _____ cash _____ rec'd date _____ rec'd by _____
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