

24-25 **STUDENT TRANSPORTATION** INFORMATION FORM

For students in Kindergarten through grade 12. Please complete a separate form for each child.

Student information: Please print clear	ly
Student Name:	Date of Birth:
School:	Grade:
<u>Home Address</u>	This household is: • Primary • Secondary
Street Address:	
City, State, Zip:	
Parent/Guardian Name:	Daytime Phone:
Parent/Guardian Name:	Daytime Phone:
	□ Change Transportation □ End Transportation Last Date Needed for End Request:
To School: How will your student arrive	
•	 Bus Pick Up From Daycare Address* (see below) Student will walk/drive Parent/guardian will transport
No bus to school Needed.	- Stadent will want drive - Tarent, guardian will transport
From School: How will your student leave from school?	
	Bus Drop Off at Daycare Address* (see below)
No Bus From School Needed:	□ Student will walk/drive □ Parent/guardian will transport
* If daycare is indicated, please provide:	
Daycare or Contact Name:	Daycare Phone:
Street Address:	
City, State, Zip:	
 Agreement and Signature Multiple pick-up and or drop-off locations are not permitted. Transportation policy permits just one "pick-up" and one "drop-off" location, with the same stop(s) five days a week. Variable schedules are not permitted. ➤ Transportation for social activities is not allowed and is parent/guardian responsibility. ➤ Notes given to the driver are not acceptable. Changes in student transportation must be communicated in advance and in writing. ➤ By signing this form I acknowledge that I have read and understand the ISD 728 Busing Guidelines available on the District website at www.isd728.org/Transportation. 	
Parent/Guardian Signature:	Date:

Email: helpdesk.transportation@isd728.org Fax: (763) 241-3407 Mail: 11500 193rd Ave NW, Elk River, MN 55330