

# Transportation Request or Change Form

## Complete this form when... (check one)

- Student is new to District 742
- Student is returning to District or School has changed
- Student's daycare, or pick-up/drop-off location has changed
- Student is enrolled in Newcomer or Immersion Program

**If your address has changed, please complete the [Address Change Request Form](#) to officially change your address with the school district.**

## \*\*PLEASE NOTE: BUSING IS PROVIDED WITHIN ATTENDANCE AREA ONLY.

- Transportation will be provided for students who attend a daycare located within the attendance area of their school.
- Students are required to get on/off the bus at their assigned stop. Parents are responsible for temporary arrangements.

## School attending:

- |                                  |                                    |                                       |                                  |                                  |
|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Apollo  | <input type="checkbox"/> Clearview | <input type="checkbox"/> Discovery    | <input type="checkbox"/> Kennedy | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Madison | <input type="checkbox"/> North     | <input type="checkbox"/> Oak Hill     | <input type="checkbox"/> South   | <input type="checkbox"/> Talahi  |
| <input type="checkbox"/> Tech    | <input type="checkbox"/> Westwood  | <input type="checkbox"/> Other: _____ |                                  |                                  |

Is student in the Newcomer Program?  No  Yes *if yes, please identify:*  North Jr.  Apollo HS

Is student in the Lang. Immersion Program?  No  Yes *if yes, please identify:*  Spanish  Chinese

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ **NOTE: Please allow 3 days for transportation change process.**

Transportation TO school from: (please select one – **ONLY ONE** permitted)

- Home  Daycare/Other\*  Parent will transport

Transportation FROM school to: (please select one – **ONLY ONE** permitted)

- Home  Daycare/Other\*  Parent will transport or child attends KidStop at school

\* Daycare or location other than home: (**MUST be within school attendance area**)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail: DISTRICT TRANSPORTATION  
737 OSSEO AVE. S  
ST. CLOUD, MN 56301

EMAIL [DSB@ISD742.ORG](mailto:DSB@ISD742.ORG)

Please submit completed requests as early as possible.

For additional questions and concerns,  
please contact Transportation.

**320-370-6940**