INDEPENDENT SCHOOL DISTRICT 196

Rosemount-Apple Valley-Eagan Public Schools

Educating, developing, and inspiring our students for lifelong success.

Series Nur	nber	502.4.4P	Adopted	May 1999	Revised _	April 2009	
Title <u>Stu</u>	dent Tra	ansfers: Daycar	e for Students	in Grades K-5			
		-					
		PARENTS/GUA					
This fo	rm mus	t be completed	for the followi	ng purposes:			
1 Eo	r a Dictr	ict 106 racidant	olomontary sch	and student (grade	as k E) who tra	nefore from and Dietrict	
1. For a District 196 resident elementary school student (grades k-5) who transfers from one 196 elementary school to another because of the location of the student's daycare provides the student of th							
		•				sportation to and/or from	
			•	his form must be s		•	
	•			State Enrollment			
	, .				o parametrio gri		
Forms	from no	onresidents mus	st be received l	by the District 196	Student Infor	mation Supervisor by	
	-	the following sc	-				
Transp	ortatio	n services are p	rovided within	the parameters se	et by district po	olicies and regulations.	
		A NEW FORM	NALIST DE CONA	IPLETED FOR EACH	I SCHOOL VEAL	AND	
				DURING THE SCHO		KAND	
		1011	ANT CHANGE	DOMING THE SCHO	JOE TEAN.		
	Plea	ase print. Comp	lete a separate	form for each stu	dent each scho	ool year.	
		. ,	,	,		•	
Student's n	ame (last,	, first, middle)			Current grade level (or, if summer, grade level in coming year)		
					grade iev	ei in coming year)	
Student's II	number	. Р	arent/guardian i	name (last, first, middl	e)		
Addross (st	oot city:	rin codo)				_	
Address (str	eet, city, a	rip code)					
Parent or g	uardian t	elephone number	(s) (home)	(work)	_	(cell/pager)	
This stude		one of the cate	-				
				elementary school	to another be	cause of	
		location of days	•	0C to - District 400	C -1	ala a a l / : t la cara a cara a la tra d	
					-	chool (with a completed	
	l	Procedure 502.4	i.1P, Applicatio	n to Participate in	the State Enro	Iment Options Program)	
Name of d	ictrict -	nd school of re-	idonco		and recuests d	to attand	
ivarrie of 0	istrict a	nd school of res	iuence	Scr	School requested to attend		

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Daycare provider		
Daycare provider's name	Phone	
Address (street, city, zip code)		
Person to contact in an emerg	ency	
Name and relationship	Phone	
Transportation requested bectransportation service?	ause location of daycare provideYesNo	er noted above qualifies student for
]). I am also submitting Procedu	oped off at the daycare address above ire 707.5.2P, Transportation for Elementary
Requested date for transfer a	nd/or transportation to begin: _	
Additional information		
daycare location to my resident district's responsibility will be to the daycare location.	ce. I understand that, if my child	care location and to take my child from this qualifies for transportation, the school ycare location to school and/or from school Date
Send this completed form to:	Student Information Supervisor Independent School District 196 3455 153 rd Street West Rosemount, MN 55068	
	DISTRICT USE ONLY	1
Procedure 502.4.1P: received	d yes no approved	yes no Date received
Signature of s	tudent information supervisor	
Distribution: Parent, guardian or a Student's cumulative		Principal of school of residencePrincipal of requested schoolTransportation Department

Procedure 502.4.4P