Student Compulsory Attendance Roster and Transportation Indication Report

FORM 1002

Non-Public School Name: _____ School Year: _____

School Address: _____ Contact Person: _____

City: _____ Contact Phone Number: _____

Zip Code: _____ Contact Email Address: _____

Please provide this information by October 1, to: Minnetonka Public Schools Please email to ***both*** email addresses below: jonathan.wamsley@minnetonkaschools.org denise.nelson@minnetonkaschools.org	**Transportation Codes:** PC – Private Contractor SV – School Vehicle PA – Parent Vehicle MB – City Bus O – Other (describe)	**School Official Signature 10/1:** X: _____ I certify that the information on this form is accurate and that other supporting documents are on file and available for audit. I also certify that all supporting documents comply with guidelines provided.	**School Official Signature Resubmitted w/Attendance 5/15:** X: _____ I certify that the information on this form is accurate and that other supporting documents are on file and available for audit. I also certify that all supporting documents comply with guidelines provided.

List ***all*** Minnetonka ISD 276 resident students
If you need additional lines, please submit as an Excel or Google spreadsheet

									5/15 Submission Only		
Last Name	First Name	Birthdate	Gr.	Street Address	City	State	Zip Code	Phone	**Tran. Code**	**Parent Request on File (X)**	**Days Attended**