

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:

- | | | | | |
|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| ☐ Apollo | ☐ Clearview | ☐ Discovery | ☐ Kennedy | ☐ Lincoln |
| ☐ Madison | ☐ North | ☐ Oak Hill | ☐ South | ☐ Talahi |
| ☐ Tech | ☐ Westwood | ☐ McKinley-ALC | ☐ 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

Please submit completed requests as early as possible.

For additional questions and concerns,
please contact Transportation.
320-370-6940