SCHOOL TRANSPORTATION INFORMATION FORM
I.S.D. #309 – PARK RAPIDS AREA SCHOOLS

301 Huntsinger Ave, Park Rapids, MN 56470
Phone (218)237-6570 Email marvik@parkrapids.k12.mn.us

If your student is not riding the bus, you do not need to fill out this form

PLEASE PRINT CLEARLY

Student Name:_____Home Phone: _____

Students' Permanent Address_____

Grade_____

Parent/Guardian Name: _____Daytime Phone: _____

Parent/Guardian Name: _____Daytime Phone: _____

[ ] My child will ride the bus: [ ] To School [ ] From School

Students living at the same address as above currently riding a bus: (Siblings, ETC.)
[ ] YES [ ] NO

If YES – Bus Route: _____ Student(s) Name:_____

Alternate Location Transportation Information
******* ONLY Fill out if NOT being transported from the Home address Above*******

To School (only choose one)
[ ] No AM transportation needed
[[Pickup from home
[ ] Pickup from daycare
[ ] Pickup from alterative location

From School (only choose one)
[ ] No PM transportation needed
[ ] Drop off at home

Bus Stop Assignment: For reasons of safety and security, the students must have only one designated bus stop in the morning and one designated bus stop in the afternoon. The transportation office must authorize any proposed changes to a student's bus or bus stop assignment. Changes should be submitted at least a week in advance.