FOREST LAKE AREA SCHOOLS

FOREST LAKE, MN 55025

TRANSPORTATION REQUEST FORM

For Use By Open Enrolled Students or In-District Transfer Students

Return to:
Superintendent's Office
Forest Lake Area Schools
6100 N. 210th Street
Forest Lake, MN 55025
bjurkovich@flaschools.org

DATE: _____

As the parent / guardian of the child / children listed below, we are requesting transportation for:

Name of child:_____ School: _____

Name of child:_____ School: _____

Name of child:_____ School: _____

Name of child:_____ School: _____

Name of child:_____ School: _____

Requested pick up address: _____

Requested drop off address: _____

SHELTER IS AVAILABLE AT BOTH PICK UP AND DROP OFF LOCATIONS: YES NO

Our home address is: _____

Phone Number: _____ Email address: _____

Parent / Guardian name: _____ Signature: _____

OFFICE USE ONLY		
Approve / Deny:	Start Date:	Letter:
PU / DO Location:	Per:	