Office of Transportation
615 7th St SW Rochester, MN 55902
Phone 507-328-4260
Email: transportation@rochesterschools.org

Please complete and return this form for each of your students if you have not yet registered. This information is required to process transportation services with RPS.

Student Last	First	Middle	Gender ___M ___F
Student Address		Unit	Date of Birth _____/_____/_____
City:	State:	Zip:	Primary Phone

Student Lives with (check all that apply)
Both parents___ Mother___ Father____ Other_____(please indicate)

School of Attendance _____

Guardian #1

Relationship to Student_____

_____
Full Name (Last, First, Middle)

_____ _____
Address (If different than student) Unit/#

_____ _____ _____
City State Zip

_____
Phone

_____
Email

Guardian #2

Relationship to Student_____

_____
Full Name (Last, First, Middle)

_____ _____
Address (If different than Student) Unit/#

_____ _____ _____
City State Zip

_____
Phone

_____
Email

_____
Parent Signature/Date

_____
Staff Signature/Date received