

**A NEW FORM IS REQUIRED EACH YEAR AND FOR ANY CHANGE
DURING THE YEAR.**

INDEPENDENT SCHOOL DISTRICT # 719
PRIOR LAKE, MN 55372

**Daycare
ALTERNATE BUS STOP REQUEST FORM**

FORMS MUST BE RECEIVED IN THE TRANSPORTATION DEPARTMENT BY **JULY 15th** FOR EACH
NEW SCHOOL YEAR.

We may not be able to fulfill your transportation need in the timeframe you would like if this form is returned after
July 15th . Thank you for your cooperation.

Daycare Stop Request:

STUDENT LAST NAME FIRST MIDDLE GRADE SCHOOL

PARENT/GUARDIAN NAME FIRST MIDDLE HOME PHONE

HOME STREET ADDRESS CITY WORK PHONE

NAME OF DAYCARE PROVIDER DAYCARE PHONE

DAYCARE STREET ADDRESS CITY

I wish to have my child picked up at: _____
ADDRESS

I wish to have my child dropped off at: _____
ADDRESS

BEGINNING DATE _____ ENDING ATE _____

I UNDERSTAND THIS A **FIVE-DAY-A-WEEK** REQUEST, AND IT IS MY RESPONDIBILITY TO
TRANSPORT MY CHILD WHEN THE LOCATION IS DIFFERENT FROM ABOVE BUS STOPS. I
UNDERSTAND THAT THE RESPONSIBILITY OF THE SCHOOL DISTRICT WILL BE TO TRANSPORT
MY CHILD TO AND/OR FROM SCHOOL AT THE LOCATIONS LISTED ABOVE ONLY.

SIGNATURE DATE

RETURN FORM TO: TRANSPORTATION DEPARTMENT
5061 MINNESOTA ST. SE
PRIOR LAKE, MN. 55372

Email: plsastransportation@gmail.com