

Transportation Request or Change Form

Complete this form when... (check one)

- Student is new to District 742
- Student's school or address has changed
- Student's daycare, or pick-up/drop-off location has changed

If your address has changed, please complete the [Record Change Request Form](#) as well 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:

- | | | | | |
|----------------------------------|------------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Apollo | <input type="checkbox"/> Clearview | <input type="checkbox"/> Discovery | <input type="checkbox"/> Kennedy | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Madison | <input type="checkbox"/> North | <input type="checkbox"/> Oak Hill | <input type="checkbox"/> South | <input type="checkbox"/> Talahi |
| <input type="checkbox"/> Tech | <input type="checkbox"/> Westwood | <input type="checkbox"/> Other: _____ | | |

Is student in language immersion? No Yes *If yes, please identify* Spanish Chinese

Student Name: _____
Current Grade: _____ Date of Birth: _____ Student ID: _____
Parent/Guardian: _____
Street Address: _____ Apt. # _____
City: _____ Zip Code: _____ 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