

INDEPENDENT SCHOOL DISTRICT # 719
PRIOR LAKE, MN 55372

SAGE SIBLING Bus Stop Request Form

A NEW FORM IS REQUIRED EACH YEAR AND FOR ANY CHANGE DURING THE YEAR. FORMS MUST BE RECEIVED IN THE TRANSPORTATION DEPARTMENT BY AUGUST 1st FOR EACH NEW SCHOOL YEAR. We may not be able to fulfill your transportation need if this form is returned after Aug 1st. Thank you for your cooperation.

Reason for request: SAGE Sibling attends WW _____ SAGE Sibling attends EW _____

SIBLING(S) LAST NAME FIRST MIDDLE GRADE(IF "K" AM OR PM) SCHOOL

PARENT/GUARDIAN NAME FIRST MIDDLE CELL/HOME PHONE

HOME STREET ADDRESS CITY/STATE ZIP CODE WORK PHONE

SAGE Student name:

BEGINNING DATE _____ ENDING DATE _____

EMERGENCY CONTACTS - PLEASE LIST TWO

NAME PHONE / NAME PHONE

I UNDERSTAND THIS A **FIVE-DAY-A-WEEK FOR K-5** REQUEST, AND IT IS MY RESPONSIBILITY 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 OR FAX TO: 952-226-0049
4540 TOWER ST
PRIOR LAKE, MN 55372
OR SCAN AND EMAIL TO: jswedberg@priorlake-savage.k12.mn.us

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TRANSPORTATION OFFICE USE ONLY

BUS # TO SCHOOL STOP LOCATION ADDRESS PICKUP TIME

BUS # FROM SCHOOL STOP LOCATION ADDRESS DROP OFF TIME

COMPLETED BY DATE _____