

INDEPENDENT SCHOOL DISTRICT # 719  
PRIOR LAKE, MN 55372

**Daycare**  
**ALTERNATE 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 JULY 15<sup>th</sup> 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 15<sup>th</sup>. Thank you for your cooperation.

**Daycare Stop Request:**

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

PARENT/GUARDIAN NAME FIRST MIDDLE HOME PHONE

HOME STREET ADDRESS CITY/STATE ZIP CODE WORK PHONE

NAME OF DAYCARE PROVIDER DAYCARE PHONE

DAYCARE STREET ADDRESS CITY/STATE DAYCARE PHONE

I wish to have my child picked up at: \_\_\_\_\_  
ADDRESS

I wish to have my child dropped off at: \_\_\_\_\_  
ADDRESS

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

**EMERGENCY CONTACTS - PLEASE LIST TWO**

NAME PHONE / NAME PHONE

I UNDERSTAND THIS A **FIVE-DAY-A-WEEK** 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 STREET SE  
PRIOR LAKE, MN. 55372

===== **TRANSPORTATION OFFICE USE ONLY** =====

BUS # TO SCHOOL STOP LOCATION ADDRESS PICKUP TIME

BUS # FROM SCHOOL STOP LOCATION ADDRESS DROP OFF TIME

COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_