

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 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(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 Email: jswedberg@plsas.org
PRIOR LAKE, MN. 55372

PLEASE PROVIDE PARENT EMAIL TO SEND INFORMATION TO: _____

BUS # TO SCHOOL STOP LOCATION ADDRESS PICKUP TIME

BUS # FROM SCHOOL STOP LOCATION ADDRESS DROP OFF TIME