

INDEPENDENT SCHOOL DISTRICT # 719  
PRIOR LAKE, MN 55372

**Dual Household  
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.

**Dual Household Request:**

STUDENT LAST NAME FIRST MIDDLE GRADE(6-12) SCHOOL

(1) PARENT/GUARDIAN NAME FIRST HOME PHONE

HOME STREET ADDRESS CITY/STATE ZIP CODE WORK/CELL PHONE

(2) PARENT/GUARDIAN NAME FIRST HOME PHONE

HOME STREET ADDRESS CITY/STATE WORK/CELL PHONE

Students in grades 6-12 and living between two households are allowed to have a stop assigned for each address. We do not need to know their schedule.

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

**EMERGENCY CONTACTS - PLEASE LIST TWO**

NAME PHONE / NAME PHONE

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:** \_\_\_\_\_

(1) BUS # TO SCHOOL STOP LOCATION ADDRESS PICKUP TIME

(1) BUS # FROM SCHOOL STOP LOCATION ADDRESS DROP OFF TIME

(2) BUS # TO SCHOOL STOP LOCATION ADDRESS PICKUP TIME

(2) BUS # FROM SCHOOL STOP LOCATION ADDRESS DROP OFF TIME