

INDEPENDENT SCHOOL DISTRICT # 719  
PRIOR LAKE, MN 55372

**Open Enrollment  
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.

Busing is available to open enrolled students. They are assigned to the nearest bus stop to their home address for the school they are attending. It is the parents' responsibility to get them to the stop and pick them up from the stop.

**Open Enrollment 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	

**If you have a desired address, please provide below:**

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
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SIGNATURE	DATE
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RETURN FORM TO: TRANSPORTATION DEPARTMENT  
4540 TOWER STREET SE  
PRIOR LAKE, MN. 55372  
OR FAX TO: 952-226-0049  
Email: [jswedberg@plsas.org](mailto:jswedberg@plsas.org)

**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