

Gr. PreK-8 Student Transportation Information 2018-2019 School Year

Each year this form must be completed for every student PreK-8. This information is used to assess transportation needs, determine eligibility, and plan busing for students. "Childcare" includes private providers and/or family members providing care at a location other than the **parent/guardian's residence**.

For incoming PreK-Kindergarten students: Please return this form, along with your other enrollment forms, to your child's school or to the Enrollment Center, 7051 Brooklyn Boulevard, Brooklyn Center, MN 55429.

***** Read the following IMPORTANT information before completing the form *****

Consistent bus stops are necessary for the safety of students. Students are not allowed to make changes regarding pick-up or delivery stops. *Example: riding a school bus to a friend's house.*

Special transportation arrangements may be considered for students in Childcare. A student may be:

- picked up at the home, attend school and delivered to Childcare;
- picked up at the Childcare, attend school and delivered to the home; or
- picked up at the Childcare, attend school and delivered to Childcare.

The below transportation arrangements can be made under the following conditions:

1. **You may only select ONE morning (AM) and ONE afternoon (PM) address for your transportation needs.**
2. Both addresses are within the attendance area of the school.
3. Both addresses are outside the .80 mile limit of home to school for students in grades PreK-5.
4. Both addresses are outside the 1 mile limit of home to school for students in grades 6-8.

Parent/guardians with shared custody situations should contact our transportation department via email at busquestions@district279.org or phone 763-391-7244

School: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Home Address: _____
 Address Apt/Unit # City Zip Code

Email: _____

Home Phone: _____

Childcare Provider: _____ Childcare Phone: _____

Address Apt/Unit # City Zip Code

TO SCHOOL (AM Route)	FROM SCHOOL (PM Route)
Student coming from (<u>Select ONE only</u>): <input type="checkbox"/> home address <input type="checkbox"/> childcare address <input type="checkbox"/> bus not needed <input type="checkbox"/> attend Kidstop/Ozone <input type="checkbox"/> childcare provides transportation	Student returning to (<u>Select ONE only</u>): <input type="checkbox"/> home address <input type="checkbox"/> childcare address <input type="checkbox"/> bus not needed <input type="checkbox"/> attend Kidstop/Ozone <input type="checkbox"/> childcare provides transportation

I certify that all information contained on this form is accurate.

 Parent/Legal Guardian Signature

 Today's Date

IF THIS INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL SECRETARY.