



CHILDCARE APPLICATION FOR TRANSPORTATION

For School Year 2007-2008

PHONE: 763-689-1680 FAX: 763-689-0224

ONLY ONE PICK-UP LOCATION & ONE DROP-OFF LOCATION

- Student new to district
- Change to current district student

Student Information

Student Name: _____ Date Effective: _____

Home Address: _____
(Street number & name) (Apt. #) (City) (Zip)

Parent/Guardian Name: _____ Phone: () _____

Parent/Guardian Address: _____
(Street number & name) (Apt. #) (City) (Zip)

School: _____ Grade/Tchr: _____ Regular Bus #: _____

Applicant Type

- Kindergarten: Red Kindergarten All Day-Every Day Kindergarten
 Blue Kindergarten Other:

Childcare Information

Childcare Name & Address: _____
(Name of Childcare Facility) (Address) (Zip)

Childcare Phone: () _____ Contact Name: _____

Student is to be *picked up* at the bus stop closest to Home Childcare Facility

M	T	W	Th	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	T	W	Th	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student is to be *dropped off* at the bus stop closest to Home Childcare Facility

This may take up to 5 days to process. The Transportation Office will contact you with your child's bus information.

Approval

Parent/Guardian Signature: _____ Date: _____

Transportation Approval: <input type="checkbox"/> Approved	By: _____
<input type="checkbox"/> Not Approved	Date: _____
<input type="checkbox"/> Less than or equal to 1 mile	Bus to Daycare: _____
<input type="checkbox"/> Not in attendance area	Date Sent to School: _____