

Transportation Services • 22968 Ambassador Blvd., St. Francis, Minnesota 55070  
763-753-7080 • FAX 763-753-6861 • www.isd15.org

**To submit this form to Transportation, please save it to your desktop.  
Then create an email to [jeremy.bolles@isd15.org](mailto:jeremy.bolles@isd15.org) and send as an attachment.**

Parent will provide transportation       New request       Change request

St. Francis Area Schools District Transportation Policy and Operating Rules regarding transporting to and from childcare sites will be allowed under the following guidelines:

1. The childcare provider must live within the attendance area of the school.
2. The childcare transportation request must be the same every day. You are only allowed one pick-up and one drop-off location.
3. Allowed pick-up and drop-off scenarios (all others will be denied.)
  - Pick-up at childcare, drop-off at childcare every day.
  - Pick-up at childcare, drop-off at home every day.
  - Pick-up at home, drop-off at childcare every day.
  - Pick-up at home, drop-off at home every day.
4. Only written requests will be honored. Notes to bus drivers and/or calls to Transportation Department will not be accepted.
5. A request must be submitted five (5) days in advance of the change.

If you meet the above qualifications and need to have your child transported from/to a childcare site, please **COMPLETELY** fill in the following information:

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Legal Residence Street Address \_\_\_\_\_

Legal Residence City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

### STUDENT WILL BE ATTENDING

Cedar Creek Community School (K-5)     East Bethel Community School (K-5)     St. Francis Elementary School (K-5)  
 St. Francis Middle School (6-8)     Other \_\_\_\_\_

Grade \_\_\_\_\_

Student is to be picked up at:     Childcare Site     Home    Must be the same location everyday

Student is to be dropped off at:     Childcare Site     Home    Must be the same location everyday

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

### CHILDCARE INFORMATION

Name of childcare provider \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

I do hereby agree to hold St. Francis Area Schools harmless for any damages resulting from its granting this request.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For office use only:</b>	
<input type="checkbox"/> Transportation request approved	School # _____ Student # _____
<input type="checkbox"/> Transportation request denied	Family # _____ Teacher _____
Reason _____	