

St. Francis Area Schools

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

Student Transportation Form

**To submit this form to Transportation, please save it to your desktop.
Then create an email to 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 _____

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