

**SOUTH ST. PAUL PUBLIC SCHOOLS**  
**Special School District No. 6**

**REQUEST FOR TRANSPORTATION TO DAYCARE / ALTERNATIVE ADDRESS**  
*Elementary School Students Who Qualify For Transportation*

(Please check one)

**Daycare Address (within same school attendance area)**  
**Temporary Address Change**

**PARENT / GUARDIAN:** This form must be completed for any move to daycare or change in daycare location by a resident or non-resident elementary school student within the attendance area of the school the student currently attends. This form must also be completed when requesting transportation to a temporary address within the District due to unexpected circumstances. Requests for transportation to daycare or a temporary address are subject to District Administration approval.

Student: \_\_\_\_\_  
Last Name (Please Print) First MI

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name Home Phone Work Phone Cell # Email

Parent(s)/Guardian(s) Name Home Phone Work Phone Cell #

***DAYCARE (for the entire school year)***

Daycare Provider Name (Please Print) Phone Number

Daycare Address: \_\_\_\_\_

Pick-up at daycare AM: \_\_\_\_\_ Drop-off at daycare PM: \_\_\_\_\_

I understand it is my responsibility to bring my child to this location, and to take my child from this location to my residence. I also understand that the school district's responsibility will be to transport my child from the daycare location to elementary school, and/or from elementary school to the daycare location.

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

***ALTERNATIVE ADDRESS***

Responsible Party's Name (Please Print) Relationship to Student

Temporary Alternative Address Phone Number

Reason for Request: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**I understand that requests for transportation changes are subject to approval by District Administration, and may take a minimum of 72 hours to schedule.**

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

**Return to: SSP School District Office, 104-5<sup>th</sup> Avenue South, South St. Paul, MN 55075**