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 nonresident 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 Pr	int)	First		MI	
School Attending:			_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 (f	or the entire scho	ol year)		
Daycare Provider Name (Please Print) Daycare Address:				Phone Number	
understand it is my responsibility to brin also understand that the school district' and/or from elementary school to the day My child will need to be picked-up/dro Parent/Guardian Signature	s responsibility will be ycare location. ppped-off by bus at	e to transport my c daycare in the:	hild from the daycare a.m.	location to elementary sch	
	ALTER	NATIVE ADDRES	S		
Responsible Party's Name (Please Print)		F	Relationship to Student	
Temporary Alternative Address				Phone Number	
Begin Date:		End Date:			
understand that requests for transpo ninimum of 72 hours to schedule.	ortation changes are	e subject to appro	oval by District Adm	inistration, and may take	a
Parent/Guardian Signature			Date		
Return to: SSP School District Off Copy to: School Attending	ice, 104-5 th Avenue Sc	outh, South St. Paul	MN 55075		