

**HIGH SCHOOL TRANSPORTATION REGISTRATION & ALTERNATE ADDRESS
BUSING REQUEST FORM**

FOR SCHOOL YEAR _____

Please fill out one form for each student

(This form must be completed annually or if any changes occur)

Name of High School _____

Date: _____ Student Name: _____ Grade: _____

Home Address: _____ City: _____

Parent/Guardian Name (Print) Home Phone Work/Cell Phone

Parent/Guardian Signature Date

Part 1. Registration

I understand that my student is registering to ride the bus service provided by District 112. I understand that bus service may be cancelled if my student: 1) does not ride for 10 consecutive school days or, 2) does not follow the bus safety rules.

Please check one:

- Would like bus service for my child. Start Date: _____
- Do not need bus service at this time, but will allow 2-3 school days to implement service, if needed.

Part 2. Alternate Address

Only fill out if student needs to be bussed from an address other than the home address such as, *shared custody*.

TO SCHOOL TRIP: ADDRESS FROM WHICH I REQUEST MY STUDENT BE TRANSPORTED. (Student walks to closest established bus stop). **Circle days that apply: M T W Th F EVERYDAY**

Address: _____ City: _____

Contact Person for this address: _____ Phone() _____

FROM SCHOOL TRIP: ADDRESS TO WHICH I REQUEST MY STUDENT BE TRANSPORTED. (Student walks to closest established bus stop). **Circle days that apply: M T W Th F EVERYDAY**

Address: _____ City: _____

Contact Person for this address: _____ Phone() _____

Return to your school office or fax to 952-556-6169

District 112 Transportation Dept. 952-556-6160
District Education Center
11 Peavey Road
Chaska, MN 55318