



STUDENT CHILD CARE INFORMATION

Student Transportation Services

200 West Burnsville Parkway., Burnsville MN 55337

Telephone: 952-707-2067 or 952-707-2069

Fax: 952-707-2097

Email: transportation@isd191.org

SCHOOL OF ATTENDANCE _____ SCHOOL YEAR: **2019-2020**

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

STUDENT NAME _____ GRADE _____

HOME ADDRESS:

HOUSE NUMBER _____ STREET NAME _____ APT NUMBER, IF ANY _____

CITY _____ STATE _____ ZIP CODE _____

PARENT/GUARDIAN NAME _____

TELEPHONE _____
HOME/CELL TELEPHONE _____ BUSINESS TELEPHONE _____

EFFECTIVE DATE: _____

Transportation eligibility will be based on home address, unless a completed Student Child Care Information Form is received by Student Transportation Services. Submit this form only if student(s) attend child care or an alternate address.

PICK UP CHILD CARE PROVIDER/ALTERNATE ADDRESS:

CHILD CARE PROVIDER NAME _____ TEL. NO. _____

HOUSE NUMBER _____ STREET NAME _____ APT NUMBER, IF ANY _____

CITY, STATE, ZIP CODE _____

DROP OFF CHILD CARE PROVIDER/ALTERNATE ADDRESS :

Drop off address is the same as the pickup address provided above. (CHECKBOX)

CHILD CARE PROVIDER NAME _____ TEL. NO. _____

HOUSE NUMBER _____ STREET NAME _____ APT NUMBER, IF ANY _____

CITY, STATE, ZIP CODE _____