



# 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](mailto: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 \_\_\_\_\_