

# Transportation Registration Form

New Heights Charter, Salem Lutheran, St. Croix Catholic, St. Croix Preparatory Academy

All eligible\* District 834 Charter and Non-Public students **MUST REGISTER** in order to receive bus service for the 2010-2011 school year. Failure to submit a transportation form constitutes "voluntary waiver" of transportation and students will not be assigned a bus.

If your student will require transportation for the coming year to/from an alternate address (i.e. daycare), please complete the entire form (including the Alternate Address box) and return it to the Transportation Department.

Any student registered for a bus who does not ride for 10 consecutive school days (2 weeks) will have their stop removed from routing. A 24 hour notice is required to reassign the stop.

If you do not register for transportation at this time, you may establish bus service at any time by contacting the Transportation Department at 651-351-8377 during the year.

Please allow 3-5 business days for any changes to occur.

**A letter with bus information will be mailed out to all registered riders in late August.**

\*Eligible Students: Grades K-6 reside more than 1 mile from school. Grades 7-12 reside more than 2 miles from school.

**This form is due June 15, 2010**

**One student per form please**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ X-When student will ride  
 AM  PM

Home Address: \_\_\_\_\_  
(House #) (Street Name) (Apt)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

(Fill out this section only if your student will be transported to/from a place other than home.)			
Picked up at: <input type="checkbox"/> Home <input type="checkbox"/> Alternate	Dropped off at: <input type="checkbox"/> Home <input type="checkbox"/> Alternate		
<b>Alternate Address Information:</b>			
Daycare/Alternate Address: _____			
City: _____ State: _____ Zip: _____			
Daycare/Alternate Contact: _____ Phone: _____			

**Comments/Concerns/Questions:**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Mail or Drop Off:**  
 Stillwater Area Public Schools  
 Transportation Department  
 1875 S Greeley St  
 Stillwater, MN 55082

**E-Mail:** davisb@stillwater.k12.mn.us  
**Fax To:** 651-351-8375

**This Area for District Use Only**

New  Change MARSS \_\_\_\_\_

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