



EASTERN CARVER COUNTY SCHOOLS TRANSPORTATION REGISTRATION & ALTERNATE ADDRESS BUSING REQUEST

_____ SCHOOL YEAR

To be completed annually or when busing information changes for the student
Return this form to your child's school.

Complete this section if the Student is in grades 9, 10, 11, or 12 or Student is in grade K-12 and needs busing to or from an address other than the home address

Student Name: _____ Grade: __ Student ID: _____

Home Address: _____ Phone #: _____ School Name: _____

High School Transportation Registration

To be completed for all students grades 9-12

I understand that my student is registering to ride the bus as provided by Eastern Carver County Schools. I also understand that all bus service may be discontinued should my student either not ride the bus for 10 consecutive school days or not follow the bus safety rules.

- Please provide bus service for my child starting on date: _____ to _____
- My child does not need bus service at this time

Alternate Busing Address Registration

To be completed for students requiring busing by Eastern Carver County Schools to or from an address other than their home address

To School Trip: (student is to walk to closest established bus stop) Start Date: _____

Address: _____ City: _____

Check days that apply: M T W TH F EVERYDAY

Contact person for this address: _____ Phone: _____

From School Trip: (student is to walk from closest established bus stop) Start Date: _____

Address: _____ City: _____

Check days that apply: M T W TH F EVERYDAY

Contact person for this address: _____ Phone: _____

It is the parents' responsibility to transport the student to and from the requested school or bus stop.

Parent/Guardian Name (print) _____ Phone #: _____

Parent/Guardian Signature: _____

Fax # (952) 556-6169 or Email to transportation@district112.org