Freeport, Parochial and Dakota Transportation Request Form

If your student has moved, you <u>MUST provide proof of new residency</u> to the Enrollment office before this form can be processed.

Please write the date you Changes take 1 - 2 days to pr	you would like the change to start: $_$		Example: 03/23 /2023	
2. Child's information:				
Child's Legal Name:	Last Name	First Name	e Middle initial	
Home address:	Street Address	City		
Name of Student's School	:	Grade:		
After School Drop-off add		eet Address	City	
B. Parent/Guardian Info		Email:		
Phone Number #1: 10 digit numbers only				
*Only fill out if picking up or	dropping off at a ch	ildcare provider a	ddress	
Childcare Provider:	Last Name		First Name	
Provider Phone Number:				

4. Guidelines to keep in mind while filling out the request form:

 Pick up and drop off locations must be within homeschool boundary with exceptions as outlined by school board policy.

(for example: preschool, special needs busing, HAPP).

- For the *safety of the student, no one-day changes are allowed*; the same is true for all students including special needs, preschool, etc.
- Changes take between 24-48 hours once Transportation Request Form is turned in.
 - Parent/guardian will be notified of effective date once busing request has been completed.
 - New bus pass will be given to the driver to then be given to the student.
 - Schools are also notified of busing changes from the Transportation Department.

5. Different Day Schedule:

Parent/Guardian Signature

If address is	the same as every normal day, please write N	/A
5		
Week Day:	Going-to School Pickup address:	After School Drop-off address:
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
When scho	ol is let out early where will your child be	e dropped off?
Street Address		City

Date: