



Time to Make 2009 -2010 Bussing Arrangements!

District 112 automatically buses students, grades K – 8, **to and from** their **home address**. If your child does not have a change from these criteria you do not have to do anything further.

BUT:

If your student has another address they need bussing from such as; shared custody with another parent or daycare needs, you will need to fill out the **Alternate Address/Daycare Busing Request** form. This form is used for any student that needs bussing for more than one address. Please, only one alternate address is allowable.

- ❖ The Alternate Address/Daycare form is only valid for the current school year. If there are any changes during the school year, a new form must be filled out.

If you did not receive this form with this mailing you can get one from St. Hubert School. **A separate form needs to be completed for each student.**

Bus schedules for fall are traditionally finalized during mid-summer and sent to families in early August. There can be no guarantee that individual students will receive bussing during the first week of school if their information is not received in time.

Please return all forms by May 15th, 2008. Forms may be returned to St. Hubert School.

If you have additional questions/concerns you may call the Transportation Department at 952-556-6160.

(OVER)

DISTRICT 112
ANNUAL
ALTERNATE/DAYCARE ADDRESS BUSSING REQUEST

Also used for shared custody
Please fill out one form for each student
(This form must be completed annually or if any changes occur)

Date _____ School Year _____ Student ID _____
(School use only)
Student Name _____ Grade _____
Last First
Home Address _____ City _____
Parent/Guardian Name _____
Home Phone (____) _____ Work Phone (____) _____
Name of School: _____ Start Date: _____

ALTERNATE INFORMATION: *Alternate address must be in student's school boundary*

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| <p><u>TO SCHOOL TRIP:</u> ADDRESS FROM WHICH I REQUEST MY CHILD BE TRANSPORTED. (Child walks to closest established bus stop). Circle days that apply: M T W Th F EVERYDAY</p> <p>Address: _____ City _____</p> <p>Daycare Name/Contact Person: _____ Phone(____) _____</p> <p>Comments: _____ _____ _____</p> <p><u>FROM SCHOOL TRIP:</u> ADDRESS TO WHICH I REQUEST MY CHILD BE TRANSPORTED. (Child walks to closest established bus stop). Circle days that apply: M T W Th F EVERYDAY</p> <p>Address: _____ City _____</p> <p>Daycare Name/Contact Person: _____ Phone(____) _____</p> <p>Comments: _____ _____ _____</p> |
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Bus Stop: (For Office Use Only) **To:** _____

From: _____

Return this form to St. Hubert School

Schools please fax this form to:
Transportation Fax (952) 556-6169