

# 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 2019-2020 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.

**Bus information for 2019-2020:** You will be able to access your student's bus information through Tyler's Versatrans e-Link. An e-mail will go out to all registered riders in mid-August with detailed information. **Please provide a current e-mail address to ensure you receive notifications.**

\*Eligible Students: Grades K-5 reside more than 1/2 mile from school. Grades 6-12 reside more than 1 mile from school.

**This form is due June 15, 2019**  
**One student per form please**

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

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(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:  Home  Alternate      Dropped off at:  Home  Alternate

**Alternate Address Information:**

Daycare/Alternate Address: \_\_\_\_\_

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

Daycare/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments/Concerns/Questions:**



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

**\*\*Please mail or drop off to the school your student is attending (NH, SL, SCC, SCPA).**

**This Area for District Use Only**

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

Stu # \_\_\_\_\_