OSSEO AREA SCHOOLS
ISD 279

Student Transportation Special Request
2019-2020 School Year

Each year this form must be completed for every student. This information is used to assess transportation needs, determine eligibility, and plan busing for students. "Childcare" includes private providers and/or family members providing care at a location other than the **parent/guardian's residence**.

For incoming PreK-Kindergarten students: Please return this form, along with your other enrollment forms, to your child's school or to the Enrollment Center, 7051 Brooklyn Boulevard, Brooklyn Center, MN 55429.

***** Read the following IMPORTANT information before completing the form *****

Consistent bus stops are necessary for the safety of students. Students are not allowed to make changes regarding pick-up or delivery stops. *Example: riding a school bus to a friend's house.*

Special transportation arrangements may be considered for students in Childcare. A student may be:

- picked up at the home, attend school and delivered to Childcare;
- picked up at the Childcare, attend school and delivered to the home; or
- picked up at the Childcare, attend school and delivered to Childcare.

The below transportation arrangements can be made under the following conditions:

1. **You may only select ONE morning (AM) and ONE afternoon (PM) address for your transportation needs.**
2. Both addresses are within the attendance area of the school.
3. Both addresses are outside the .80 mile limit of home to school for students in grades PreK-5.
4. Both addresses are outside the 1 mile limit of home to school for students in grades 6-12.

Parent/guardians with shared custody situations should contact our transportation department via email at busquestions@district279.org or phone 763-391-7244

School: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Home Address: _____
Address Apt/Unit # City Zip Code

Email: _____

Home Phone: _____

Childcare Provider: _____ Childcare Phone: _____

_____
Address Apt/Unit # City Zip Code

TO SCHOOL (AM Route)	FROM SCHOOL (PM Route)
Student coming from ***(Select ONE only)***:	Student returning to ***(Select ONE only)***:
☐ home address ☐ childcare address ☐ bus not needed ☐ attend Kidstop/Ozone ☐ childcare provides transportation	☐ home address ☐ childcare address ☐ bus not needed ☐ attend Kidstop/Ozone ☐ childcare provides transportation

I certify that all information contained on this form is accurate.

_____ _____
Parent/Legal Guardian Signature Today's Date

IF THIS INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL SECRETARY.

Rev 8-5-2019