

**Preschool Transportation Form 2023-2024 Office Use Only**: Student Id #:

***Download this form before completing –*** Start Date:

***Then Save & email to*** [***Preschool@isd199.org***](mailto:Preschool@isd199.org) New Request  Change

Transportation is available on a limited basis for 4-year-old preschool students. Requests will be prioritized based on need. Bus transportation may be available for students whose home or daycare address falls within the school boundary area.

**\*Important to note that preschool children may be transported with K-5 students\***

**Student Information**

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Middle Initial:** | **Last Name:** |

**Parent Information**

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Last Name:** | **Main Phone #:**  **Cell** **Landline** |
| **Work Phone #:** | **Email Address:** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **My Child’s School** | |  | **Days & Time My Child Attends Preschool** | | |
|  | Hilltop Elementary |  |  | Monday - Friday AM | 7:50 AM - 10:30 AM |
|  | Pine Bend Elementary |  |  | Monday - Thursday PM | 11:45 AM - 2:30 PM |
|  | Salem Hills Elementary |  |  | Monday - Friday ALL DAY | 7:50 AM - 2:30 PM |

***Check your transportation choices below:***

**My Child will Ride Bus to/from HOME address these days**

To School: M T W Th F

From School: M T W Th F

**NO Bus Transportation- Parent pick up/drop off on these days**

To School: M T W Th F From School: M T W Th F

**Ride Bus to/from DAYCARE on these days**

To School: M T W Th F From School: M T W Th Daycare Provider Name:

Daycare Provider Phone #:

Daycare Provider Address:

**Parent Acknowledgement**

* I understand that before school, it is my responsibility to make sure my child is safely escorted to the bus stop and someone remains with them until the bus arrives.
* I understand it is my responsibility that after school someone is waiting at the bus stop to get my child off of the bus.

|  |  |
| --- | --- |
| **Parent/Guardian Signature:** | **Date:** |

**Save to your device. Print & return form to the IGH Early Learning Center OR Email to:** [**Preschool@isd199.org**](mailto:Preschool@isd199.org)

**3203 68th St E, Inver Grove Heights 55076 / Fax: 651-306-7521**