

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

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

 ***Then Save & email to*** ***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**

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