INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series 707.7.3P Adopted February 2007 Revised January 2010

Title Request to Ride Buses for Intradistrict Transfer Students – Magnet Schools

Parents of students who will be attending a magnet school in District 196 must complete this form in order to receive busing. Busing will be provided to and from an established stop for the magnet school.

Students may have one location for an AM stop and/or one location for a PM stop. If a student needs transportation to or from a location other than the ones listed below, transportation will be the parent's responsibility. There is no noon busing for half-day kindergarten.

Please indicate whether or not you will want busing to and/or from the magnet school listed below. Also, indicate the AM pick-up and PM drop-off address for your student.

student name (last, first, middle initial)	birth date ____ ____ ____ month date year	sex M F

☐ No, I will not be using busing.

☐ Yes, I will be using busing to and/or from my child's magnet school from the following address(es):

AM address: _____
house/apt. number, street address city zip code

(If this is a day care address, please indicate the name of the day care: _____)

PM address: _____
house/apt. number, street address city zip code

(If this is a day care address, please indicate the name of the day care: _____)

parent/guardian name (last, first, middle initial)		telephone number ( )
parent/guardian address (residence)	city	zip code
student address (if different from parent/guardian)	city	zip code
magnet school attending	grade	student will use bus ☐ to school only ☐ from school only ☐ both

As a parent/guardian, I agree to provide for my child's safety while going to and from the District 196 bus stop prior to boarding and after disembarking from the bus.

_____ _____
signature of parent/guardian date

Return to:
Independent School District 196
Magnet School Specialist
3455 153rd Street West
Rosemount, MN 55068

Procedures/707.7.3P/1-19-10

OFFICE USE ONLY	
date received:	magnet student: new ☐ existing ☐
student ID:	date sent to transportation:
last school attended:	
requested start date:	
notes:	