Dassel-Cokato Schools - ISD # 466 - Enrollment Form

4852 Reardon Ave SW
Cokato, MN 55321
Phone: 320-286-4100 Fax: 320-286-4101
Jeff Powers, Superintendent

REQUEST FOR SCHOOL BUS TRANSPORTATION

TRANSMIT THIS FORM TO SCHOOL DISTRICT OFFICE AS SOON AS POSSIBLE.

Today's Date: _____

EFFECTIVE DATE FOR SCHOOL BUS SERVICE TO START IS: _____

Student Full Name	Student ID	Gender	Grade	D.O.B.	Home Phone

OTHER CONTACT NUMBERS: Cell Phone/Work	DAYCARE, if applicable: Name: Address: Phone:
Parent/Guardian full name and mailing address:	Physical address, if different than mailing address and description of where parent/guardian lives. Include location of neighbors, house numbers, street numbers, etc.
Please list any special transportation requirements:	

Information below to be assigned by Transportation Office and communicated to parent/guardian:
Assigned to Bus Number: _____

Approximate bus pick-up time: _____ drop-off time: _____

Other Info: