



Transportation Department
 51001 Fairfield Avenue
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 Rush City, MN 55069
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 Phone: 320-358-4855
 Bus Garage: 320-358-3562
 mjohnson@rushcity.k12.mn.us

2020-2021 STUDENT TRANSPORTATION INFORMATION

We use this information to assess transportation needs, determine eligibility, and plan busing for students. "Daycare" includes private providers and/or family members providing care at a location other than the parent/guardian's residence. If your child does not need transportation provided by the school district, please complete this form and check "Bus Not Needed."

For all grades PreK (age 4) thru 12th, please complete and return this form to the Rush City Schools Transportation Department. We ask that you allow up to 5 days for transportation requests to be implemented.

If PreK, days attending _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Child's Name: _____ School: _____ Grade: _____

Parent/Guardian: _____ Contact phone: _____

Home Address: _____ Email: _____

Daycare/Alternate Provider: _____ Contact phone: _____

Daycare/Alternate Provider Address: _____

Student will be coming from: Home Address Daycare/Alternate Bus Not Needed

Student will be returning to: Home Address Daycare/Alternate Bus Not Needed

Consistent bus stops are necessary for the safety of students. To adhere to social distancing, reduced occupancy on our vehicles will be maintained.

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

- Picked up at home, attend school and then delivered to daycare location
- Picked up at the daycare location, attend school and delivered home; or
- Picked up at the daycare location, attend school and delivered to daycare

The above transportation arrangements may be made under the following conditions:

- Both addresses are within the attendance area of the school.
- The pattern is regular, providing the same pick-up address and the same drop-off address.

Does your child qualify for special transportation? YES NO

If yes, please provide the name of special education case manager: _____

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

Parent/Legal Guardian Signature: _____ Date: _____

**IF THIS INFORMATION CHANGES, PLEASE NOTIFY THE TRANSPORTATION DEPARTMENT
 (320)358-3562 OR mjohnson@rushcity.k12.mn.us**