



Student Information Form

Please complete this form to ensure we have the correct and relevant information regarding transportation of your child. All information is confidential and is used solely for Hiawathaland Transit.

Child's Name _____

Home Address

City _____

Parent's Name _____

Parents Phone _____

Parent's Email _____

Daycare Address (if applicable)

City _____

Provider's Name _____

Phone _____

School: _____
Primary Pick-up Address: _____ _____
Primary Drop-off Address: _____ _____

Grade _____ **(AM Class** _____ **PM Class** _____)


Please circle days rides are needed:

M T W T H F

Please indicate which of the following type of transportation is needed:

- Needs a ride both ways (to and from school)
- Needs a ride one way (only to school or only from school)
 - To school From School
- Call in only (as needed basis)

Start Date: _____
Class Times: _____

<u>Contact us at:</u>		 Find us on Facebook
Hiawathaland Transit	Toll Free: 1-866-623-7505	Fax: 507-534-9275
55049 241 st Ave	Email: transit.dispatchers@threeriverscap.org	
Plainview, MN 55964	Website: www.threeriverscap.org/programs_transp.html	

*****Filling out this form does not guarantee transportation. Routes are subject to change at any given time. Any form received after August 15th of the current school year will be placed on a waiting list and added as space is available.**