



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 _____

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 TH 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)

Contact us at:

Hiawathaland Transit Toll Free: 1-866-623-7505 Fax: 507-534-9275

55049 241st Ave Email: transit.dispatchers@threeriverscap.org

Plainview, MN 55964 Website: www.threeriverscap.org/programs_transp.html

<i>Office Use Only</i>			
Date Rec'd _____	Pick up time _____	Return time _____	