

Becker Public Schools Transportation Information Form

All parents/guardians are asked to complete this form by May 15, 2014. Please complete one form per student. Any future change to your child's pick-up or drop-off location requires parent or guardian to sign and indicate the date the request is to take effect.

EACH STUDENT MAY SELECT ONE BUS STOP FOR THE A.M. AND ONE FOR THE P.M.

PARENTS/GUARDIANS ARE RESPONSIBLE FOR THEIR OWN TEMPORARY ARRANGEMENTS. Please contact Ken Abraham at 763 261 4588 or kabraham@becker.k12.mn.us if you have any questions.

Student's Full Name (please print): _____

Parent/Guardian Name: _____

Home Address (include City and Zip): _____

Daytime Contact Number: _____

CHECK your request:

Pick-up student at home address:

Pick-up student at daycare address:

Drop-off student at home address:

Drop-off student at daycare address:

This child will not be using Becker transportation services:

Daycare Provider's Name: _____ Daycare Phone: _____

Daycare Full Address: _____

Today's Date: _____ Date Requesting Service to Begin: _____

Parent/Guardian Signature: _____

RETURN TO:

Any Becker School Office

Or email to: jbrings@becker.k12.mn.us

Or complete online at www.xxx.xxx.xxx.us

Note change requests require 48 hours for processing

You will receive schedule information following processing.

Students should be at their bus stop 5 minutes prior to designated time.