## Le Sueur-Henderson Transportation Form

2020-21 School Year

Please fill out this form even if you will not use the Le Sueur-Henderson bus service.

We need a new form filled out every school year.

Due to the uncertainty of this coming school year, we need each family to register for busing. Please fill out this form and return to the school before 8/6/2020. We need a new form filled out every school year to ensure that your child is picked up in the morning and dropped off in the afternoon at the correct destination. Please notify the school and Le Sueur-Henderson Bus Co., in writing of any changes. If changes are made within the first two weeks of school, you will be responsible for transportation until routes can be adjusted. Please email to <a href="kstivers@isd2397.org">kstivers@isd2397.org</a> or mail to LSHBC P.O. Box 121 Le Sueur, MN 56058.

| Which scho                                       | ol will your c                    | :hild attend?   |   |                                  | DATE:  |  |  |  |
|--|-----------------------------------|---|---|----------------------------------|--|--|--|--|
| ParkI  | Hilltop                           | _ St. Anne's  | LSH Middle                              | LSH Senior                       |  |  |  |  |
| Grade  |                                   |   |   |                                  |  |  |  |  |
| Child's Full                                     | Name (pleas                       | e print):   |   |                                  |  |  |  |  |
| Parents Nar                                      | mes (please ¡                     | print):   |   |                                  |  |  |  |  |
| Home Addr  | ess (please p                     | orint):   |   |                                  |  |  |  |  |
| Home Phone:                                      |                                   |   |   | Cell Pho                         | Cell Phone:                                  |  |  |  |
| We strongly<br>Pick up and<br>to confusior       | I drop off at on the part         | parents/guardia<br>daycare 5 days<br>of your child, t | s a week versus p<br>teacher, and the l | oick up at home M<br>bus driver. | op off addresses 5 o                         | one:<br>days a week. For exampl<br>T/TH. Varying days can le |  |  |
| My child w                                       | vill be trans                     | sported to an   | nd from school                          | <b>by</b> :                      |  |  |  |  |
| Circle one:                                      | rcle one: Walking Parent/Guardian |   |   | School Bus, ple                  | School Bus, please complete the next 2 boxes |  |  |  |
| Pick up my                                       | child at the                      | stop nearest:   |   |                                  |  |  |  |  |
| Circle one: Home Daycare, complete section below |                                   |   |   |                                  |  |  |  |  |
| Name of Daycare Provider:                        |                                   |   |   |                                  | Phone:                                       |  |  |  |
| Daycare Ad                                       | dress:                            |   |   |                                  |  |  |  |  |
| Circle Days:                                     | : Monday                          | ı   | Tuesday                                 | Wednesday                        | Thursday                                     | Friday   |  |  |
| Drop off my                                      | v child at the                    | stop nearest:   |   |                                  |  |  |  |  |
|  |                                   | ·   |   |                                  |  |  |  |  |
| Circle one: Home Daycare, complete section below |                                   |   |   |                                  |  |  |  |  |
| Name of Daycare Provider:                        |                                   |   |   |                                  | Phone:                                       |  |  |  |
| Daycare Ad                                       | dress:                            |   |   |                                  |  |  |  |  |
| Circle Days:                                     | : Monday                          | 1   | Tuesday                                 | Wednesday                        | Thursday                                     | Friday   |  |  |