



Red Wing Public Schools TRANSPORTATION FORM

Please complete the following information:

Child's Name Last _____ First _____ M.I. _____

Home Phone # _____ D.O.B. _____ Grade _____

Home Address _____

Mother's Name Last _____ First _____

Address (if different from child's) _____

Cell Phone _____ Work _____

Father's Name Last _____ First _____

Address (if different from child's) _____

Cell Phone _____ Work _____

Day Care Provider _____

(only fill out if transportation is needed to/from daycare)

Address _____ Phone _____

Check the appropriate phrase below: **Pick up and drop off must be the same every day**

___ **Pick up and drop off at home**

___ **Pick up and drop off at daycare**

___ **Pick up at daycare and drop off at home**

___ **Pick up at home and drop off at daycare**

No Transportation ___AM ___PM ___Both

Office use only:
Student ID _____
School of Attendance _____
Start Date _____