



**Transfiguration Catholic School**  
6135 15th Street North • Oakdale MN 55128 • 651-501-2220

# Bus Request Form

## School Year 2018-19

I request busing for my children:

- Yes
- No

<u>Name of Students</u>	<u>Birthdate</u>	<u>Grade for 2018-19</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Address** \_\_\_\_\_

**Parent/Guardian Names** \_\_\_\_\_

**Email** \_\_\_\_\_

We live in District:

- 622
- 833
- 834
- Other \_\_\_\_\_

**\* Busing is only available to students living in District 622.**

**Note:** If you live in District 622 and you will be using a day care provider, please fill out the Day Care/Alternative Address Form **online** at [www.isd622.org](http://www.isd622.org). (Click on Departments, Transportation, the form is on the left.) This is **REQUIRED** by District 622. If you **DO NOT** fill it out, you will not get a stop at your day care provider's address.

**Please return this form to the School Office**