



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

Bus Request Form

School Year 2017-18

I request busing for my children:

- Yes
- No

Name of Students

Birthdate

Grade for 2017-18

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address _____

Parent Names _____

Email _____

We live in District:

- 622
- 833
- 834
- Other _____

*** Busing is only available 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. (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