OPEN ENROLLMENT TRANSPORTATION REQUEST FORM

Date: ____________________________

Superintendent Massey
Forest Lake Area Schools
6100 N. 210th Street
Forest Lake, MN  55025

Superintendent Massey:

As the parent/guardian of the child/children listed below, we are requesting transportation for:

Name of child: _______________________ to ___________________ school

Name of child: _______________________ to ___________________ school

Name of child: _______________________ to ___________________ school

Name of child: _______________________ to ___________________ school

Name of child: _______________________ to ___________________ school

Name of child: _______________________ to ___________________ school

Requested pick up address: ____________________________________________

Requested drop off address: __________________________________________

SHELTER IS AVAILABLE AT BOTH THE PICK UP AND DROP OFF LOCATIONS: YES  NO

Our home address is: __________________________________________________

My phone number is: __________________________________________________

My email address is: __________________________________________________

Thank you,

______________________________________________