

# OPEN ENROLLMENT TRANSPORTATION REQUEST FORM

Date: \_\_\_\_\_

Superintendent Madsen  
Forest Lake Area Schools  
6100 N. 210<sup>th</sup> Street  
Forest Lake, MN 55025

Superintendent Madsen:

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

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: \_\_\_\_\_

Thank you,

\_\_\_\_\_