

South Central Transit Network

Student Information Form

701-845-4300

Fax - 701-845-4073

Pickup &
Drop Off Key

	Monday	Tuesday	Wednesday	Thursday	Friday
PICKUP TIME					
PICKUP LOCATION					
DROP OFF LOCATION					
PICKUP TIME					
PICKUP LOCATION					
DROP OFF LOCATION					

H - Home
D - Daycare
S - School
O - Other

Student Name _____

Age _____

Start Date _____ End Date _____

HOME ADDRESS _____

Guardian at home _____

DAYCARE NAME _____ ADDRESS _____

DOOR _____

Daycare Contact Person _____

Daycare Phone _____

SCHOOL NAME _____ ADDRESS _____

DOOR _____

ALTERNATIVE DROP OFF LOCATION _____

Phone Number _____

Guardian at location _____

Parent/Guardian Name _____

Phone Number _____

Emergency Contact _____

Phone Number _____

Parent/Guardian Signature _____

Date _____

Office _____