

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					

<input type="checkbox"/> D - Daycare
<input type="checkbox"/> H - Home
<input type="checkbox"/> O - Other
<input type="checkbox"/> S - School

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 _____

OTHER NAME _____

ADDRESS _____

DOOR _____

Other Contact Person _____

Other Phone _____

ALTERNATIVE DROP OFF LOCATION _____

Phone Number _____

Guardian at location _____

Parent/Guardian Name _____

Phone Number _____

Emergency Contact _____

Phone Number _____

Parent/Guardian Signature _____

Date _____

Office _____