



# St. Paul School District No. 45

*Proud History, Cultivating the Future*

*Our mission is to provide a progressive learning environment for all students to achieve by the objectives and principles outlined in the St. Paul Brand.*

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## Student Transportation Form

*This form is to be filled out yearly with registration*

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please Circle one

Transportation **TO** school

Walk

Car

Bus

If riding the bus, indicate the address at which the child needs to be picked up at:

\_\_\_\_\_  
\_\_\_\_\_

Transportation **FROM** school

Walk

Car

Bus

If riding the bus, indicate the address at which the child needs to be dropped off at:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Alt.# \_\_\_\_\_

Signed: \_\_\_\_\_

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