

Corporate Offices/Programs  
1210 23rd Ave S  
PO Box 683  
Waite Park, MN 56387-0683  
V/TTD/TTY 320.251.1612  
Fax 320.255.9518  
Toll Free 888.765.5597



Transportation Department  
1200 23rd Ave S  
PO Box 683  
Waite Park, MN 56387-0683  
320.251.1612  
Fax 320.529.4841  
Toll Free 888.765.5597

### Student Transportation Request

Fill out one form per student and notify Tri-CAP of any changes as soon as possible at 320-251-1612  
Please note, filling out this for does not guarantee transportation.  
*Form may be emailed back to Tri-CAP: rides@tricap.org*

**Student Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

#### 1. Home Information

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Primary Pickup   
Primary Drop off   
Guardian Name: \_\_\_\_\_  
Guardian Phone #: \_\_\_\_\_  
Guardian Phone #: \_\_\_\_\_  
Guardian Email: \_\_\_\_\_  
2nd Contact Name: \_\_\_\_\_  
2ndContact Phone#: \_\_\_\_\_

#### 2. Daycare Information (if applicable)

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Primary Pickup   
Primary Drop Off   
Provider Name: \_\_\_\_\_  
Provider Phone#: \_\_\_\_\_

Notes/Special Instructions

#### 3. School Information

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Class Start Time: \_\_\_\_\_  
Class End Time: \_\_\_\_\_  
Class Days: M  T  W  Th  F

#### 4. Transportation Information

Requested Start Date: \_\_\_\_\_  
Both Ways:   
One Way TO School:   
One Way FROM School:  Note: \_\_\_\_\_  
Transportation Days: M  T  W  Th  F

**Additional Comments:**

*Office Use Only*

Date Received: \_\_\_\_\_ P/U Time: \_\_\_\_\_  
Date Notified: \_\_\_\_\_ D/O Time: \_\_\_\_\_

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