

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 502.4.4P Adopted May 1999 Revised April 2009

Title Student Transfers: Daycare for Students in Grades K-5

**INSTRUCTIONS TO PARENTS/GUARDIANS:**

- **This form must be completed for the following purposes:**
  1. For a District 196 resident elementary school student (grades k-5) who transfers from one District 196 elementary school to another because of the location of the student's daycare provider, OR
  2. For a nonresident elementary school student (grades k-5) who needs transportation to and/or from daycare within District 196 boundaries. This form must be submitted along with Procedure 502.4.1P, Application to Participate in the State Enrollment Options Program.
- **Forms from nonresidents must be received by the District 196 Student Information Supervisor by January 5 for the following school year.**
- **Transportation services are provided within the parameters set by district policies and regulations.**

**A NEW FORM MUST BE COMPLETED FOR EACH SCHOOL YEAR AND  
FOR ANY CHANGE DURING THE SCHOOL YEAR.**

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***Please print. Complete a separate form for each student each school year.***

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Student's name (last, first, middle) \_\_\_\_\_ Current grade level (or, if summer, grade level in coming year) \_\_\_\_\_

Student's ID number \_\_\_\_\_ Parent/guardian name (last, first, middle) \_\_\_\_\_

Address (street, city, zip code) \_\_\_\_\_

Parent or guardian telephone number(s) (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell/pager) \_\_\_\_\_

**This student fits in one of the categories checked below:**

- Transfer from one District 196 elementary school to another because of location of daycare provider
- Transfer from outside District 196 to a District 196 elementary school (with a completed Procedure 502.4.1P, Application to Participate in the State Enrollment Options Program)

\_\_\_\_\_  
**Name of district and school of residence**

\_\_\_\_\_  
**School requested to attend**

**Daycare provider**

\_\_\_\_\_  
Daycare provider's name \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address (street, city, zip code)

**Person to contact in an emergency**

\_\_\_\_\_  
Name and relationship \_\_\_\_\_  
Phone

**Transportation requested because location of daycare provider noted above qualifies student for transportation service? Yes No**

If yes: I would like my child to be picked up \_\_\_\_ and/or dropped off \_\_\_\_ at the daycare address above (*check appropriate response[s]*). I am also submitting Procedure 707.5.2P, Transportation for Elementary School Students in Daycare at this time.

**Requested date for transfer and/or transportation to begin:** \_\_\_\_\_

**Additional information**

\_\_\_\_\_  
\_\_\_\_\_  
I understand it is my responsibility to bring my child to this daycare location and to take my child from this daycare location to my residence. I understand that, if my child qualifies for transportation, the school district's responsibility will be to transport my child from the daycare location to school and/or from school to the daycare location.

**X**

\_\_\_\_\_  
Parent/guardian signature \_\_\_\_\_  
Date

**Send this completed form to:** Student Information Supervisor  
Independent School District 196  
3455 153<sup>rd</sup> Street West  
Rosemount, MN 55068

**DISTRICT USE ONLY**

**Procedure 502.4.1P:** received \_\_ yes \_\_ no approved \_\_ yes \_\_ no  
Date received \_\_\_\_\_

**X**

\_\_\_\_\_  
Signature of student information supervisor

**Distribution:**

\_\_\_\_\_  
\_\_\_\_\_  
Parent, guardian or adult student \_\_\_\_\_  
\_\_\_\_\_  
Principal of school of residence  
Principal of requested school  
Transportation Department  
Student's cumulative folder