DGF Public Schools

Early Childhood Transportation Form

Program: School Readiness, DGF Elementary - Early Childhood

Please complete this form and return to DGF Community Education at: dgfcommunityeducation@dgf.k12.mn.us.

Date:	, 2025	
I request my child.		, to ride DGF School bus # as
follows to and/or fr	rom School Readines	s. This student who is escorting my student will sit with
		ride to our home/daycare.
Name of Child Es	scorting My Child: _	Grade:
Morning Drop Of	f:	
Arrival: My child	will be dropped off in	the Rebel Road (to stand in the Early Childhood line) by grade. The child picking up or dropping off my
	3:	
Afternoon Pickur	<u>o:</u>	
		picked up in the Rebel Road (from the Early Childhood
line) by	, who	is in grade. The child picking up my child is in
Mr/Mrs's:	classroom	1.
Address riding to:		
Circle one: Home	e or Daycare	
Street Address: _		
City:		State:
Parent Name (Prir	nted):	
Parent Signature:		
Parent Email:		
Parent Phone:		*********************
Office Use Only:		
Approved By: _		Denied By:
Transportation N	otified On:	
Start Date:		