

**TRANSPORTATION OFFICE**  
**Cloquet Transit Company**  
**1203 Avenue B. Cloquet, MN 55720**  
**CHANGE IN STUDENT PICK-UP/TAKE-HOME**

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_

REQUESTED EFFECTIVE DATE: \_\_\_\_\_

<p><b>CURRENT PICK-UP</b>                      <b>BUS #</b> <input style="width: 40px; height: 25px; border: 1px solid black; border-radius: 50%; vertical-align: middle;" type="text"/></p> <p><b>STOP LOCATION:</b>                      <b>OFFICE USE</b></p> <p><b>NAME:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p>_____</p> <p><b>PHONE: #</b> _____</p> <p style="text-align: center;"><b>M   T   W   TH   F</b></p> <p><b>MISC. INFORMATION:</b> _____</p>	<p><b>CURRENT TAKE-HOME BUS #</b> <input style="width: 40px; height: 25px; border: 1px solid black; border-radius: 50%; vertical-align: middle;" type="text"/></p> <p><b>STOP LOCATION:</b>                      <b>OFFICE USE</b></p> <p><b>NAME:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p>_____</p> <p><b>PHONE: #</b> _____</p> <p style="text-align: center;"><b>M   T   W   TH   F</b></p> <p><b>MISC. INFORMATION:</b> _____</p>
<p><b>REQUESTED PICK-UP</b>                      <b>BUS #</b> <input style="width: 40px; height: 25px; border: 1px solid black; border-radius: 50%; vertical-align: middle;" type="text"/></p> <p><b>STOP LOCATION:</b>                      <b>OFFICE USE</b></p> <p><b>NAME:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p>_____</p> <p><b>PHONE: #</b> _____</p> <p style="text-align: center;"><b>M   T   W   TH   F</b></p> <p><b>MISC. INFORMATION:</b> _____</p>	<p><b>REQUESTED TAKE-HOME BUS #</b> <input style="width: 40px; height: 25px; border: 1px solid black; border-radius: 50%; vertical-align: middle;" type="text"/></p> <p><b>STOP LOCATION:</b>                      <b>OFFICE USE</b></p> <p><b>NAME:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p>_____</p> <p><b>PHONE: #</b> _____</p> <p style="text-align: center;"><b>M   T   W   TH   F</b></p> <p><b>MISC. INFORMATION:</b> _____</p>

PARENT SIGNATURE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**RETURN SIGNED FORM TO CLOQUET TRANSIT COMPANY**

**PLEASE NOTE:** Transportation will not be provided until a completed form, signed by the Director of Transportation has been received by the Transportation Office. **Three business days may be required for approval and processing.**

OFFICE USE ONLY

TRANSPORTATION DIRECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Copies to: Principal

- Transportation Office
- Bus Driver
- Parent