



249 Poplar Avenue, Lowry, MN 56349
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APPLICATION FOR SCHOOL TRANSPORTATION

Today's Date: _____

FORM MUST BE RETURNED AND POSTMARKED BY THE DEADLINE STATED ON THE WEBSITE

Student Name: _____
Last Name First Name

Date of Birth: _____ School Name: _____ Grade: _____

Home Address: _____

Primary Phone # 1: _____ Primary Phone # 2: _____

Parent(s)/Guardian Name 1: _____

Parent(s)/Guardian Name 2: _____

Start Date: _____ End Date: _____

Pick up location: _____

Destination: _____

Return Pick up Location: _____

Destination: _____

Destination Phone # (if other than Primary Phone #'s): _____

School Start Time: _____ School End Time: _____

Days of the week student is riding? (circle all that apply) M T W Th F

Special needs? _____

I acknowledge that I have read all statements and completed all information on this request for transportation and hereby request transportation. I acknowledge and understand that sending in this form does not result in automatic approval of a ride and that it is not a contract.

Parent Signature

Date