





## Southern MN Area Rural Transit

## Application for SMART Preschool Route 2016-17 Applications are due on or before *August 5th*

## Applicant Information Full Name Parent or Guardian Home Address Home Address Cell Phone (if different):( ) Home Phone **Email Address** Name of Child Riding Bus\_ Child's Age on Sept 1\_\_\_\_\_ Name of Child Riding Bus \_\_\_\_\_ Child's Age on Sept 1\_\_\_\_\_ Preschool Information Name of Preschool you are registered at: Days Attending: Monday Tuesday Wednesday Thursday Friday Class start time: \_\_\_\_\_ Class end time: \_\_\_\_\_ Transportation Information We are only transporting children one way: Choose your highest need for transportation. \_\_\_\_\_Pickup and bring to school. Pickup address: \_\_\_\_\_\_ \_\_\_\_\_Drop off after school. Drop off address: \_\_\_\_\_ What is the primary reason that you are requesting transportation?

If transportation is not provided, will your child still be able to attend preschool?

Primary Language Spoken at home:	Interpreter Needed: Yes or No
My child speaks English: Yes No	
Emergency Contact (please list an individual, other than yoursel	lf, to be contacted in case of emergency)
Name:Relat	ionship:
Phone/Cell:	_
Release of Information	
If my child rides the SMART preschool route I give permission to transportation coalition, and employees of SMART to share informathe safe transportation of my dependent and others on the bus.	
Name (printed):	
Signature:	
Date:	

If your address changes from the time you filled out this application you **MUST** contact the preschool immediately. Placement on the bus is not guaranteed.

You will be notified the week of August  $22^{nd}$  as to whether or not your child has been placed on the SMART Preschool Route.

If you have questions about the Preschool Route please contact the United Way of Steele County at (507) 455-1180 or Owatonna Community Education at (507) 444-7900.