

School Name: _____ Contact Person: _____
 Address: _____ Phone Number: _____
 City: _____ ZIP: _____

<p>I certify that the information on this form is accurate and that the other supporting documents are on file and available for audit. I also certify that all supporting documents comply with guidelines provided.</p> <p>_____ (10/15) School Official Signature</p> <p>_____ (5/15) School Official Signature (resubmitted)</p>	<p>Please provide this information by: October 15 (col 1-5)</p> <p>To: Roseville Area Schools Attn.: Transportation Department 1251 W. County Road B-2 Roseville, MN 55113</p> <p>Phone 651-635-1638</p> <p>District Approval of October 15 data indicated by signature at bottom of page. Approved form then resubmitted by nonpublic school with attendance and mileage information entered.</p>	<p>Trans Codes (col 4)</p> <p>PC -private contractor SV -school vehicle PA -parent vehicle MB-city bus O-other – describe</p>	<p>Complete and return to School District by May 15 of the current school year.</p>
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Student Name (Last, First, MI)	Student Grade	Address	City	ZIP	Trans Code	Parental Request on File	Attendance Days Attended	Mileage to School

District Approval of October 15 submission: _____

Date: _____

