



**TRANSPORTATION REGISTRATION FORM**  
**FIRST TIME RIDERS / NEW STUDENTS / INFO UPDATE**  
**2021-2022 YEAR**

Mid-Prairie Community School District  
1635 Hwy 22 Wellman, IA 52356

**Teresa Hartley, Transportation Director**  
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319-646-6881

**General Information for First Time Bus Riders Only or Info Update (Check all that apply.)**

**PLEASE BE SURE TO COMPLETE FORM IN FULL**

First time registering for transportation.     New Student.     Change of address within the district.

**Student Information** Complete one form for each student registering.

Complete ALL appropriate information with school and grade for the coming year.

School Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address of Pickup/Dropoff \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(If Drop off DIFFERS from Pickup:) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Address:     Home     Daycare     Other (please specify) \_\_\_\_\_

Days of Week Service is Needed    \_\_\_M \_\_\_T \_\_\_W \_\_\_Th \_\_\_F

Route Requirements:    \_\_\_ AM-pick up only    \_\_\_ PM-drop off only    \_\_\_ RT-round trip

**Parents/Guardian Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Second Contact (in case of emergency)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

*I agree to inform my school secretary and the Transportation Department as my transportation needs change. I also agree I must be registered with the Transportation Department.*