

Three Rivers Community Action, Inc.
Hiawathaland Transit Student Information Form



Please fill out this form in its entirety. As needed, notify Hiawathaland Transit of any changes as soon as possible. Please note, filling out this form does not guarantee transportation. **FORMS ARE DUE BY AUGUST 15TH EACH SCHOOL YEAR.**

_____ Student Name

1. Home Information

Address: _____
 City: _____
 Guardian Name: _____
 Guardian Phone #: _____
 Guardian Email: _____
 Primary Pick-up Primary Drop-off

2. Daycare Information (if applicable)

Address: _____
 City: _____
 Provider Name: _____
 Provider Phone #: _____
 Secondary Phone #: _____
 Primary Pick-up Primary Drop-off

3. School Information

School: _____
 Grade: _____
 Class Times: _____
 Class Days: M T W TH F

4. Transportation Information

Requested Start Date: _____
 Transportation days: M T W TH F
 Both Ways Call-in only (as needed)
 One Way; To School, From School

5. Preferred Way of Contact: E-mail Phone Both

Hiawathaland Transit Limited Liability Statement

Whenever possible, our drivers will wait to make sure your student is safely inside or in the care of an adult before leaving. As our buses cannot travel down dead-end roads, enter mobile home parks, apartment complexes, or other multi-family dwellings, it is a guardian's responsibility to be present to get their student(s) on and off the bus if they so choose or students will be dropped off at a pre-determined drop-off location and the bus will depart.

I, _____ have read and understand the limitations of Hiawathaland Transit services.

_____ Guardian Signature _____ Date

Please send form to:
HIAWATHALAND TRANSIT
 55049 241st Avenue
 Plainview, MN 55964
 Fax: 507-534-9275
 Email: tdispatchers@threeriverscap.org
 Website: www.threeriverscap.org

Follow Us!



Contact Us:
Dispatch Hours
 Monday – Friday, 4:30am-9pm
 Saturday and Sunday, 7am-4:30pm
 Phone: 866-623-7505, option 1

Office Use Only (Updated 2021)

Date Received: _____ Pick-up time: _____ Drop-off time: _____ Date Guardian Notified: _____ BF: _____