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: ________________

2. Daycare Information (if applicable)
   Address: ____________________________
   City: ______________________________
   Provider Name: ______________________
   Provider Phone #: ___________________
   Secondary Phone #: _______________

3. School Information
   School: _____________________________
   Address: ____________________________
   Grade: _____________________________
   Class Times: ________________________
   Class Days: M ☐ T ☐ W ☐ TH ☐ F ☐

4. Transportation Information
   Requested Start Date: _______________
   Transportation days: M ☐ T ☐ W ☐ TH ☐ F ☐
   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 - 5:00am - 7:00pm
Saturday - 7:30am - 4:00pm
Phone: 866-623-7505, option 1

Office Use Only (Updated 2021)
Date Received: __________ Pick-up time: __________ Drop-off time: __________ Date Guardian Notified: __________ BF: __________