

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: _____

Address: _____

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 - 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: _____