NEW PRAGUE AREA SCHOOLS
TRANSPORTATION DEPARTMENT
105 SEVENTH STREET NORTHEAST
NEW PRAGUE, MINNESOTA 56071

Dear Parents/Guardians:

New Prague Area Schools students entering grades K-12 must register for busing for the upcoming school year. We can optimize bus route pick up and drop off times if we know which students will actually be riding the bus. **New Prague Area Schools students not registered for busing by July 15th will not be listed for bus service.**

If your student will require school bus transportation for the coming year, please fill out the form below **COMPLETELY** and send to New Prague Area Schools Transportation Dept. via fax: 952-758-1489; e-mail: cmost@np.k12.mn.us or cabraun@np.k12.mn.us; mail or drop it off at the bus garage at 105 7th St. NE, New Prague, MN 56071 by July 15th.

Eligible students who are not pre-registered for bus service can be added to a route at any time during the school year. Please allow up to 5 business days for additions or changes to transportation schedules. Please register in a timely manner to ensure proper routing for all students.

Open enrolled students attending New Prague Area Schools will typically be offered transportation only on routes that serve resident district students. Please refer to District Policy 707 concerning walking distance; students in grades K-5 is .5 miles and students in grades 6-12 is 1 mile. This policy can be found on the district web site www.np.k12.mn.us.

Post cards with busing information will be mailed out in late August. Please remember that your student should be at their stop at least five (5) minutes prior to the pick up time. All transportation is based on five (5) days per week.
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School Bus Registration Form for New Prague Area Schools ISD #721

Students Name: Riding: AM (circle one) PM

1._____ Grade_____School_____ yes no   yes no

2._____ Grade_____School_____ yes no   yes no

3._____ Grade_____School_____ yes no   yes no

4._____ Grade_____School_____ yes no   yes no

Home Address:_____

Home Phone:_____

Parent/Guardian:_____work #_____cell #_____

Parent/Guardian:_____work #_____cell #_____

Pick up Address:_____(circle one) daycare relative other
                                        (if different from home address)

Drop off Address:_____(circle one) daycare relative other
                                        (if different from home address)

Emergency Contact Name & Phone # of above_____