

Roseville Area Schools - ***Jump Start To Kindergarten***  
Transportation Health Care Information

Student name: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Alternate Name: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Alternate relationship/Work Phone/ Address: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

Special health concerns: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ If yes, identify: \_\_\_\_\_

Medical restrictions: \_\_\_\_\_

Limited verbal skills: \_\_\_\_\_ Describe: \_\_\_\_\_

***I understand that I need to escort my child to and from the bus stop and will do this each day.***

\_\_\_\_\_  
***Parent/Guardian Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

To be filled out by transportation department:

School: \_\_\_\_\_ AM bus number: \_\_\_\_\_ PM bus number: \_\_\_\_\_

Information provided by: \_\_\_\_\_ Date information entered: \_\_\_\_\_

***Return to:*** Roseville Area Schools - Jump Start to Kindergarten  
1910 W. County Road B  
Roseville, MN 55113