724-R Form 1002 Roseville Area Schools Student Transportation and Attendance Roster Copy as needed

School Name:			Contact Persor	1:				
Address:			Phone Number	:				
City:		ZIP:						
I certify that the information on this form accurate and that the other supporting of are on file and available for audit. I also all supporting documents comply with grovided. School Official Signature School Official Signature (resubmitted)	documents certify that	Octo To: Roseville Attn.: Tra 1251 W. C Roseville, Phone 651-635-1 District Approval by signature at be form then resubm	ride this information ber 15 (col 1-5) Area Schools reportation Depart County Road B-2 MN 55113 638 of October 15 data ottom of page. Applitted by nonpublic	ment indicated proved school	SV -sch PA -par MB-city	vate contractor ool vehicle ent vehicle	Complete and return to School District by May 15 of the current school year.	
Student Name (Last, First, MI)	Student Grade	Address	City	ZIP	Trans Code	Parental Request on File	Attendance Days Attended	Mileage to School
District Approval of October 15 submiss	sion:	•			Date:		•	

Form 1002-R back	Stu	dent Transporta	tion and Attendan	ce Roster			Page	of
	Student				Trans	Parental	Attendance	Mileage
Student Name (Last, First, MI)	Grade	Address	City	ZIP	Code	Request	Days	to
						on File	Attended	School
		1						

Trans Codes: PC-private contractor (bus), SV-school vehicle, PA-parent vehicle, MB-city bus, O-other – describe

Revised 1/25/02