**TRANSPORTATION INFORMATION AND REQUEST FORM**

**Farmington Independent School District #192**

(Please Print)

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_ Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student) Last Name First Name MI Student ID #

(Parent/Guardian) Last Name First Name MI

Home Address

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

**PICK UP:**

(Address) (City)

Contact Person (Last Name) (First Name) Telephone

(Bus Company Rte No.\_\_\_\_\_\_)

**DROP OFF: S** Same address as listed above OR

(Address) (City)

Contact Person (Last Name) (First Name) Telephone

(Bus Company Rte No.\_\_\_\_\_\_\_)

**Medical Condition:** Please indicate health condition that bus drivers should be aware of: (i.e. diabetes, seizures, allergies)

**Transportation provided by Marschall Line, Inc. Phone: 651-463-8689**

 **Fax: 651-460-6183**

**The information provided will be used by ISD #192 and Marschall Bus Lines for the purpose of transporting students. This information is collected, maintained and released in compliance with federal laws, state laws and School Board policy. I understand that my refusal to provide information may impact the availability of some services. ISD192TRB7132006**