MARION CENTER AREA SCHOOL DISTRICT

STUDENT TRANSPORTATION FORM

Reason for Form: [ ] New Enrollment [ ] Request Stop Change [ ] Change of Address

Today's Date:_____ Date Change is to take place:_____

Please allow up to three (3) business days for transportation to be arranged/changed.

Grade:_____ Building:_____

Student Name:_____ Parent/Guardian:_____

Last First *Last First*

Home Phone Number:_____ Emergency Phone Number:_____

Residence (911 Address)

_____

_____

City State Zip

Mailing Address

_____

_____

City State Zip

Please refer to back side of form for instructions on selecting the student stop locations

Pick up Location Requested:

_____

Address City State Zip

Does the Bus stop at this address currently?_____

If so, give the student name and grade at the stop:_____

Name Grade

Drop Off Location Requested:

_____

Address City State Zip

Does the Bus stop at this address currently?_____

If so, give the student name and grade at the stop:_____

Name Grade

Parent/Guardian's Signature:_____ Date:_____

For Transportation Office Use Only

School Assigned:_____ Student Number:_____

AM Bus #:_____ AM Time:_____ Stop Description:_____

PM Bus #:_____ PM Time:_____ Stop Description:_____