

TRANSPORTATION INFORMATION FORM
Farmington Independent School District #192

PLEASE PRINT

School: _____ Grade _____ Effective Date: _____

(Student)Last Name (Legal)First Name MI Student ID #
(School to enter)

(Parent/Guardian)Last Name (Legal)First Name MI

Home Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(w/area code)

**Disclaimer From Marshall Lines: No more than
2 pick up/drop off addresses**

Pick Up: (if different from "Home address") _____

Address City

(Contact Person)Last Name First Name Telephone Cell Phone
(Bus company RTE NO. _____)

Drop Off: Same as "HOME" address OR Same as "PICK UP" address.

(Address) City

(Contact Person)Last Name First Name Telephone Cell Phone
(Bus company RTE No. _____)

OTHER TRANSPORTATION OPTIONS: Please circle PARENT FURNISHES TRANSPORTATION,

DAYCARE FURNISHES TRANSPORTATION – name of daycare _____

Medical Conditions of Student – Bus Driver needs to be aware of: _____
(i.e. diabetes, seizures, allergies)

Transportation provided by Marshall Lines, 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.