

*Frazier School District*  
Transportation  
Bus Assignment Form\*

SCHOOL YEAR: 2020 -2021

DATE: \_\_\_\_\_

BUS # \_\_\_\_\_

\_\_\_\_\_ ADD STUDENT      \_\_\_\_\_ DELETE STUDENT

BUS STOP: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

STREET  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

RUN: \_\_\_\_\_ SECONDARY      \_\_\_\_\_ ELEMENTARY

STARTING DATE: \_\_\_\_\_

\* Please forward a copy of this form to the Transportation Coordinator and the Bus Driver