

Frazier School District
Transportation
Bus Assignment Form*

SCHOOL YEAR: 2019 -2020

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