

FARMERSVILLE ISD SCHOOL BUS TRANSPORTATION ELIGIBILITY FORM

2018-2019

Date: _____

Name of Student(s): _____

Address: _____

Campus: _____

Morning Rider: _____ **Afternoon Rider:** _____ **Both:** _____

Name of Parent(s)/Guardian(s): _____

Home phone: _____ **Cell phone** _____

Office Use Only Below Line

Qualifies for School Bus Transportation: _____

Bus Number: _____

Starting Date for Bus Transportation: _____

Approximate Pick Up and Drop Off Times: _____