

North Union Transportation Request Form 2017/2018

Student Name(s):	Grade(s):	
<i>I</i> ' .		
Pick Up Address:	City:	
Drop Off Address:	City:	
Parent Name:		
Contact Number(s)		
Please check if student(s) wil	l be riding a rural bus route	e .
Attending Campus: (Check one): □ Fenton Elementary/Pre-k – 5	□ Swea City MS/Pre-k -5	□ Armstrong/HS
Special Instructions/Needs: (Pleas	e explain):	

*Tentative school bus route information will be available by <u>after August 15</u>, <u>2017</u>. Route drivers will be contacting you ASAP with your route and pick up times. Drop off times for rural route students will only be an estimated time. *Parents/guardians of any student riding the bus need to review bus rules and policies with their student prior to the student riding the bus. Bus rules and policies are available at each attending campus.

*For any questions or concerns please contact Nathan Hanson (712) 209-1732.