**Marshall Public Schools Transportation**

Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Pre-K, circle AM or PM

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(street address) (city) (state) (zip)*

**How will your child get to and from school?**

Transportation to school (**AM**),

Circle one option for each day:

|  |  |  |
| --- | --- | --- |
| Monday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Tuesday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Wednesday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Thursday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Friday | | |
| Bus | Walk | Dropped Off |
|

Transportation from school (**PM**),

Circle one option for each day:

|  |  |  |
| --- | --- | --- |
| Monday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Tuesday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Wednesday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Thursday | | |
| Bus | Walk | Dropped Off |
|
|  |  |  |
| Friday | | |
| Bus | Walk | Dropped Off |
|

***If your student will ride the bus any day, AM or PM, please fill out page 2 for busing information.***

**BUSING FORM FOR LAZERS**

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date requested busing to start: Beginning of school year Other date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*All bus riders will have one pick up point and one drop off point for the school year unless a child legally resides at more than one residence within the school district boundaries and within the same area of attendance in which case, the parents may designate each of the residences a pick up and drop off point and in such case a second transportation form will need to be completed.*

Circle **AM** if your child will be busing to school every day, or circle the **individual days** they will be riding:

**AM**

Monday

Tuesday

Wednesday

Thursday

Friday

Address for pick up (if not home address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle **PM** if your child will be busing home every day, or circle the **individual days** they will be riding:

**PM**

Monday

Tuesday

Wednesday

Thursday

Friday

Address for drop off (if not home address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAZERS USE ONLY**

Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AM Route Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AM Pick Up Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM Pick Up Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PM Route Assigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PM Drop Off Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PM Pick Up Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lazers Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_