

**Form must be filled out if your child is a part time or full time bus rider**

**MWISD BUS ROUTES**

Transportation Department

996 Cross Post Rd.

Mineral Wells, TX 76067

**Phone:** (940) 325- 4290 **Fax:** (940) 325- 4031

**Email:** [rmarshall@mwisd.net](mailto:rmarshall@mwisd.net) or [dmaddux@mwisd.net](mailto:dmaddux@mwisd.net)

Today only\_\_\_\_\_

Permanent\_\_\_\_\_

Start Date\_\_\_\_\_

**Information:**

Name of Student: \_\_\_\_\_ Date\_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Contact #s: \_\_\_\_\_

Alternate Address: No \_\_\_\_\_ Yes \_\_\_\_\_ Description (If Yes)\_\_\_\_\_

A.M. Address: \_\_\_\_\_

P.M. Address: \_\_\_\_\_



**Transportation office use only**

**TO BE DETERMINED BY THE TRANSPORTATION DEPARTMENT**

Morning (A.M.) Bus# \_\_\_\_\_ Afternoon (P.M.) Bus# \_\_\_\_\_

Nearest Bus Stop Location (A.M.) \_\_\_\_\_

Nearest Bust Stop Location (P.M.) \_\_\_\_\_

Approximate pick up time\_\_\_\_\_

Approximate drop off time\_\_\_\_\_