

New Student: _____

Address Change: _____

**Transportation Department
New Student Bus Assignment Form**

CAMPUS: _____

Student Name: _____

ID # _____ GR _____

Address: _____

Ph#: _____

Bus Assignment: _____

Pick-up/Drop-off: _____

Assigned By: _____

Date: _____

(Name of person actually assigning)

StudentPlus Travel Code: Reg ____ SE ____ Data Entry Clerk: _____ Date: _____

Please **fax or email bus form** to Routing Department to ensure students are assigned to appropriate route.
Phone (956) 548-8085 / 698-2927/ 698-2926 / 698-2357

BISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.
BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad o discapacidad en el empleo en la provisión de servicios o actividades.

August 2019

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