



North Union Transportation Request Form

Student Name(s): _____ Grade(s): _____

Pick Up Address: _____ City: _____
Drop Off Address: _____ City: _____
Parent/Guardian Name: _____
Contact Number(s) _____

☐ **Please check if the student(s) will be riding a rural bus route.**

Attending Campus: (Check one):

☐ Fenton Elementary/Pre-k – 5 ☐ Swea City MS/Pre-k -5 ☐ Armstrong/HS

Special Instructions/Needs: (Please explain): _____

*Tentative school bus route information will be available **after August 18th, 2025.**
Route drivers will be contacting you 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.**