

Farmington ISD #192
Non-Public Transportation
Payment Form
2025-2026

Name of School transported to: _____

School Address: _____

School Phone No: _____

Please list name and grade of each student transported:

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

Name _____ Grade: _____

Starting Date: _____ Ending Date: _____

Name of Transporter: _____

Address: _____

Phone No: _____

Parent Email: _____

Signature: _____

Date: _____

Eligibility per pupil per year: \$276.00

Total Number of Students Transported: _____

Payment at end of school year: \$ _____

Please notify us immediately if there is any change in status, such as changing schools or moving from our District