Get On Board Application Pick-Up/Drop-Off Request & Fees Form

2025-2026 School Year

DATE: _____

PLEASE PRINT

Students Name:	ID#	
School District:	ISD Campus:	Grade:
Address:		
Parent/Guardian:		Phone#
Please check the appropr		
Please check below for y	our transportation r	equest:
AM pick-up only Address of Pickup location		
Pm drop-off only Address of Dropoff location		
AM&PM Both Address of Pickup location		
Addı	ress of Dropoff locati	on
	K. 3050-000-000 200-000-0	
Get On Board Use Only:	Date Ass	signed:
Unit# assigned AM:	Be Ready Ti	me:
Unit# assigned PM:what time you need to be		ne: When your school lets out that is ur child.

If your child is K-3rd grade, WE WILL NOT DROP OFF WITHOUT AN ADULT TO RECEIVE THEM.

To the Parents:

- 1: Students need to be at the designated stop at least 10 minutes before the time listed above
- 2: No Child Must cross the street without the driver's direction. They must always rely on the driver.
- 3: We will assign seats
- 4: Students must always remain seated.
- 5: No misbehavior will be tolerated

We are here to make sure that your child has the safest and most efficient transportation possible. If you have any questions, please reach out to us at 903-660-5336 or email: getonboard2gether@gmail.com
Please note that even if your student has a holiday or bad weather day and does not go all week, payment is still due and in full for that week.