

EFFECTIVE DATES: _____



STUDENTS NAME: _____ GRADE/TEACHER: _____

PARENT'S NAME: _____ PHONE#: _____

CURRENT ADDRESS: _____ CURRENT BUS# _____

I HEREBY WISH THE ABOVE STUDENT TO BE (PICKED UP OR DROPPED OFF) AT THE FOLLOWING ADDRESS:

Person's name where child is to be Picked up or Dropped off: _____

(Please circle picked up or dropped off)

Address: _____

Phone # where pick up/drop off is to take place. _____

Does a bus already stop at this address? YES/NO Bus # _____

Reason for this bus pass: _____

Date

Parent's Signature

Completion of this form does not guarantee approval of this bus pass. After being reviewed by the bus transportation supervisor, a decision will be made with a copy given to the appropriate bus driver if approved, and one will be sent to the office to be sent home with the student.

APPROVED/DENIED

Date

Bus Transportation Supervisor