

**STUDENT BUS PASS**  
ST. CLAIR COUNTY SCHOOLS

***THIS PASS MUST BE GIVEN TO  
BUS DRIVER UPON ENTERING BUS***

Student Name: \_\_\_\_\_

The above student has permission to ride bus #: \_\_\_\_\_ for \_\_\_\_\_ day(s)

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

THIS PASS MAY BE REVOKED AT ANY TIME FOR POOR CONDUCT

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