



Request for Special Bus Riding Privilege MPS Employee Students

Student Name: _____ Date: _____

Student School Site: _____

Parent Cell#: _____

Parent School Site: _____

AM

From School Site: _____

To School Site: _____

PM

From School Site: _____

To School Site: _____

NOTE:

All buses transport students in succession beginning from the Elementary schools up to the High School. Requests that are out of route succession will not be approved.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Transportation Department Use

_____ **Approved**

Bus # _____

_____ **Not Approved**

Approved by _____

Date _____