



Request for Bus Pass

Please fill out completely and give to child's homeroom teacher.

Student _____

Teacher _____

Destination _____
(Name)

(Address)

Request to Ride Bus # _____ Date _____

Parent Signature _____

Phone # (where parent can be reached) _____

To comply with state regulations, bus passes may only be given in emergency situations.

____ Emergency Situation: Please describe

____ Previously approved alternate stop (Form has been signed and on file with Transportation department)



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