

BUS PASS REQUEST

Student Requesting Pass:

Last Name: _____ first name: _____

Student #: _____

Parent's Name: _____ (Please print legibly)

Parent's Phone: _____

Student Requesting to Ride Home with:

Name & Student # of the student that you will be riding home with:

(Last, First): _____ Student #: _____

Parent Phone # for student that you will be riding home with: _____

Bus # that you are requesting to ride: _____

Address that you are requesting bus pass for:

Address: _____

City: _____ Zip Code: _____

Date to begin bus pass: _____ Date to end bus pass: _____

Bus passes are only valid for up to 10 consecutive school days

Reason you are requesting to ride another bus:

Please note that bus passes will only be granted for emergency situations and in instances of joint custody.

Student signature: _____

Date: _____

Parent signature: _____

Date: _____

Bus Pass requests must be provided to the front office clerk no later than 8:00 AM with a phone number to verify the request.