

Bus Change

Date: _____ Teacher's Name: _____

I _____ give permission for _____
Parent/Guardian Name (Please Print Clearly) Child's Name (Please Print Clearly)

to take bus number _____ home with _____ to
Other student's Name (Please Print Clearly)

_____. I can be reached today at _____.
Address child is to be dropped off at Phone Number

* If this is a permanent pass please indicate what day(s) of the week the
pass is for: _____.
(ie: Every Mon. and Wed. till the end of the school year) (ie: Every Tues. until 1/21/14)

Thank you,

Parent/Guardian Signature

Please do not write below this line – Office use only

Bus Pass

Teacher: _____ Date: _____

Child's Name: _____ will take bus # _____
to _____ at the end of the school day.

*Permanent _____
(Day(s) of the week)

Office Signature