



Emergency Bus Pass Request

Dinwiddie County Public Schools – P.O. Box 7, Dinwiddie, VA 23841 – 804-469-4190
Dinwiddie Transportation Office – 804-469-4680

PLEASE SUBMIT THIS REQUEST TO YOUR CHILD'S SCHOOL OFFICE FOR APPROVAL.

Student Name:	School:
Grade:	Teacher:
Home Address:	
Parent/Guardian:	Phone:

REASON FOR CHANGE:

DATE(S) OF CHANGE:

Permanent AM PM

Temporary - Dates Riding _____ AM PM

CHANGE INFORMATION:

Name of Person/Daycare Supervising My Child:	
Phone:	Bus # (if known):
Address:	

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

OFFICE USE ONLY Transportation Dept. Notified APPROVED DENIED

NOTES:

SCHOOL STAFF SIGNATURE: _____ **Date:** _____

School Copy Bus Driver Transportation Office Teacher