



Office of Transportation

Emergency Bus Pass Request

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 Supervising Student:

Phone Number: _____ Bus Number (if known): _____

Address:

*Bus passes may be denied based on bus capacity or revoked at any time due to disciplinary actions.

Parent/Guardian Signature: _____ Date: _____

Transportation Office Use ONLY

Transportation Notes:

Transportation Staff Signature: _____ Date: _____