



PERMISSION TO RIDE SCHOOL BUS WITH ANOTHER STUDENT

SCHOOL NAME

DATE(S) OF TRAVEL

_____ is authorized to ride home on with:

STUDENT NAME (Print)

Name (Print)

To _____ on the above indicated date(s.)

BUS STOP LOCATION (Print)

PHYSICAL ADDRESS: _____

REASON: _____

Any Medical Conditions the driver should be aware of? If yes, please advise _____

Parent Name _____

Date: _____

Parent Signature _____

PHONE (Best Daytime #) _____

NOTE:

1. This form is only to be used for a one-time situation. It is to be approved at the campus level and turned into the bus driver before transport.
2. One time riders must adhere to Transportation Bus Rider Rules and Procedures.
3. Approval to ride is based upon the space available on the bus and is given on a case-by case basis.

FOR SCHOOL USE:

BUS #/NAME: _____

School Administrator: _____

Date: _____