

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)
ToBUS STOP LOCATION (Pri	on the above indicated date(s.)
PHYSICAL ADDRESS:	
DEACON.	
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.	
Approval to ride is based upon the spa case basis.	ace available on the bus and is given on a case-by
FOR SCHOOL USE:	
BUS #/NAME:	
School Administrator:	Date: