

STUDENT ONE DAY BUS PASS



***THIS PASS MUST BE SHOWN TO BUS DRIVER
UPON ENTERING BUS.***

Date: _____

Student's Name: _____

The above student has permission to ride bus route _____ for _____ day(s)

Starting Date: _____ Ending Date: _____

Destination/Reason: _____

Authorized Signature: _____ Title: _____

*****THIS PASS MAY BE REVOKED BY AT ANYTIME FOR POOR CONDUCT WHILE
ON THE BUS OR WHILE WAITING AT THE BUS STOP.***