

ACTON-BOXBOROUGH ELEMENTARY BUS PASS

TEACHER: _____

ROOM NUMBER: _____

SCHOOL NAME: _____

TODAY'S DATE: ____ / ____ / ____

This form must be delivered to the school office before 2:00 pm the day before for the change is effective. Bus changes cannot be taken over the phone, except in an emergency to be determined by the school principal.

PERMANENT CHANGE FOR EVERY: (*day(s) of the week*) _____

STARTING DATE: ____ / ____ / ____

ENDING DATE: ____ / ____ / ____

ONE DAY CHANGE FOR: _____ **DATE:** ____ / ____ / ____

Students Name: _____ **has permission to ride Bus #** ____ **to**

Existing Bus Stop Location: _____

The student will be in the care of: _____

Who can be reached at (*phone number*) _____

Signature of Parent / Guardian Requesting Bus Pass: _____

Phone number where Parent / Guardian can be reached: _____

Signature of School Official: _____

****HARD COPY MUST BE PRESENTED TO THE BUS DRIVER TO ENSURE SAFE ARRIVALS**

ACTON-BOXBOROUGH ELEMENTARY BUS PASS

TEACHER: _____

ROOM NUMBER: _____

SCHOOL NAME: _____

TODAY'S DATE: ____ / ____ / ____

This form must be delivered to the school office before 2:00 pm the day before for which the change is effective, otherwise the student will be dismissed according to his/her usual dismissal procedure. Bus changes cannot be taken over the phone, except in an emergency to be determined by the school principal.

PERMANENT CHANGE FOR EVERY: _____

STARTING DATE: ____ / ____ / ____

ENDING DATE: ____ / ____ / ____

ONE DAY CHANGE FOR: _____ **DATE:** ____ / ____ / ____

Students Name: _____ **has permission to ride Bus #** ____ **to**

Existing Bus Stop Location: _____

The student will be in the care of: _____

Who can be reached at (*phone number*) _____

Signature of Parent / Guardian Requesting Bus Pass: _____

Phone number where Parent / Guardian can be reached: _____

Signature of School Official: _____

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