

ACTON-BOXBOROUGH PERMANENT BUS PASS

Please review the ABRSD Procedures on the website before submitting this bus pass.

Student Name : _____ Date Submitted: _____

Permanent change for: DAY(s): _____ Desired Start date: ____ / ____ / ____ End date ____ / ____ / ____

My student has permission to ride Bus # _____ to _____
PRINT: EXISTING BUS STOP ONLY (Names of places not excepted)

My student will be in care of: _____, who can be
(PRINT NAME of adult)

reached by phone at number: _____

Teacher: _____

School: _____

Parent Requesting bus pass: _____

PRINT NAME

(Parent Phone number if questions arise)

Student's regular bus # is _____ @ _____
(Existing Bus stop Location)

Parent Signature: _____

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

Must be signed by a school official: _____

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