ACTON-BOXBOROUGH ONE DAY BUS PASS

This form must be delivered to the school office before 2:00 pm the day before the change is effective, OR the bus pass will not be accepted. Bus changes cannot be taken over the phone.

ALL BUS PASSES MUST BE FILLED OUT COMPLETELY BY PARENT

Student Name: ___________________________ Date Submitted: ___________________________

ONE DAY change for: DAY: ___________________ 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: ___________________________ (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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