



## Student Bus Pass

This Bus Pass must be completed by the parent/guardian if a child is riding a bus that is NOT their regular bus. This form must be submitted to the front office.

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M or F

Medical Conditions: \_\_\_\_\_

Home Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Assigned Bus # or slot: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Reason for the Pass: \_\_\_\_\_

Who is the child going home with? \_\_\_\_\_

Address: \_\_\_\_\_ Temporary Bus # or slot: \_\_\_\_\_

Subdivision: \_\_\_\_\_

The CCSD Transportation Department reserves the right to deny permission of temporary riders based on capacity limits and student behavior concerns.

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Parent Signature

Date



**Murdock Authorization**

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Name

Signature