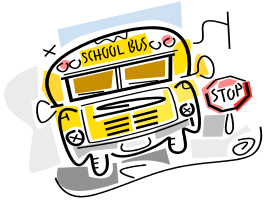


THIS FORM MUST BE SUBMITTED AT LEAST 24 HOURS IN ADVANCE TO BE CONSIDERED.

STUDENT BUS PASS



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

Fax Numbers	
High School-----994-1467	Old Bonhomme--- 994-3987
Middle School--- 997-8736	Reed-----994-3981
Conway-----994-3988	Spoede-----432-6098

Date: _____ School: _____

Student's Name: _____ Grade/Teacher: _____

Regular Bus #: _____ Regular Bus Stop: _____

Requested Bus #: _____ Requested Bus Stop: _____

Starting Date: _____ Ending Date: _____

Frequency: One Time Only Weekly on _____ Other: _____
Day of Week Frequency

Reason for Request: _____

Parent's Signature _____ Date: _____
Signature

Printed Name: _____ Date: _____

Relationship to Student: _____

To be Completed by School:

Approved Denied

Signature/Title: _____ Date: _____

THIS PASS MAY BE REVOKED BY THE SCHOOL BUS DRIVER OR ANY SCHOOL OFFICIAL AT ANYTIME FOR POOR CONDUCT WHILE ON THE BUS OR WHILE WAITING AT A BUS STOP.

QUESTIONS REGARDING BUS PASS CONTACT: **314-993-5396**