

THIS PASS MUST BE GIVEN TO THE BUS DRIVER UPON ENTERING BUS.



SOUTHWESTERN

Jefferson County Consolidated
School Corporation
Transportation Department

Where Safety & Efficiency Is Our Priority

BUS: _____

STUDENT BUS PASS

Student Name: _____ Grade / Teacher: _____ Date: _____

Requested Drop Off Address or Group Stop: _____ City: _____

Starting Date: _____ Ending Date: _____ Permanent

Requested Pick Up Address or Group Stop: _____ City: _____

Starting Date: _____ Ending Date: _____ Permanent

Signature

Printed Name

Phone Number

Office use only

Permission is granted to ride bus: ___ beginning: _____ and ending: _____ Permanent

Printed Name

Signature

Date

This pass may be revoked at any time for poor conduct while on the bus or while waiting at the bus stop.

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