

TEACHER: _____

ROOM NUMBER: _____

ACTON PUBLIC SCHOOLS ELEMENTARY BUS PASS

GATES SCHOOL

TODAY'S DATE ____/____/____

THIS FORM MUST BE DELIVERED TO THE SCHOOL OFFICE AT THE BEGINNING OF THE SCHOOL DAY FOR WHICH THE CHANGE IS EFFECTIVE, OTHERWISE THE STUDENT WILL BE DISMISSED ACCORDING TO HIS/HER USUAL DISMISSAL PROCEDURE. BUS CHANGES CANNOT BE TAKEN OVER THE PHONE, EXCEPT IN AN EMERGENCY TO BE DETERMINED BY THE SCHOOL PRINCIPAL

PERMANENT CHANGE FOR EVERY _____
(LIST DAYS OF WEEK FOR SCHEDULE CHANGE)

ONE DAY CHANGE FOR _____ ____/____/____
(LIST DAY OF WEEK) (DATE)

_____ **HAS PERMISSION TO RIDE BUS#** _____ **TO**
(STUDENT'S NAME)

_____ **THE STUDENT WILL BE IN THE CARE OF**
(BUS STOP LOCATION)

_____ **WHO CAN BE REACHED AT** _____
(DAY CARE PROVIDER, PARENT/GUARDIAN, TUTOR, ETC.) (PHONE NUMBER)

_____ (SIGNATURE OF PARENT/GUARDIAN REQUESTING BUS PASS) _____ (PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY)

_____ (SIGNATURE OF SCHOOL OFFICIAL) ____/____/____ (DATE)