

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 _____ **PRINT NAME** @ _____
(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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