

Teacher: _____

Room #: _____

ACTON PUBLIC SCHOOLS--ELEMENTARY BUS PASS

DOUGLAS SCHOOL

TODAY'S DATE: ____/____/____

This form must be delivered to the school office at the beginning of the school day 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, determined by the school principal. **Check ONE box and fill out ALL other information.**

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

ONE DAY CHANGE FOR _____ /____/____
(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** _____
(DAYCARE PROVIDER/GUARDIAN, TUTOR, ETC.) (PHONE #)

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

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

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