

Teacher: \_\_\_\_\_

Room #: \_\_\_\_\_

**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 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)

Teacher: \_\_\_\_\_

Room #: \_\_\_\_\_

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