



BUS TRANSPORTATION PASS REQUEST 2009 – 2010

Parent's Names: _____

Students who will be riding the bus:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Home Phone Number: _____ Cell Phone Number: _____

Bus Route: _____

Number of 10-ride passes requested at a cost of \$100 each: _____

The Driver will keep the bus pass on board and record the dates/times when your child rides the bus.

Highland School does _____, does not _____ have my permission to drop my child(ren) off at the bus stop without someone being there to meet him/her.

I understand that if my child is not met at the bus stop in the afternoon within 5 minutes of the scheduled time and the driver cannot reach me, my child will remain on the bus and be taken back to school for pickup

Parent's Signature

Date