

QUAKERTOWN COMMUNITY SCHOOL DISTRICT

School Bus Pass

(one-time use only)

PARENTS: Please complete this form to request that your child ride a different bus other than his/her regular bus and/or bus stop. This form applies to ONE DAY ONLY and must be authorized by your child's school Principal prior to use. Request only applies to existing bus runs with existing stops and is contingent upon available seating. **The student must submit authorized form to the bus driver.**

(PLEASE PRINT)

This request is for the AM run PM run on _____ School _____
(date)

I hereby give permission for my son/daughter _____ to ride
(student name)

bus # _____ to/from _____ bus stop. The student will be in the care of
(name of existing bus stop)

_____ who can be reached at (_____) _____
(parent, guardian, day care, etc.) (phone number)

Parent/Guardian signature: _____

Parent daytime phone #: _____

Principal approval: _____ Date: _____

A printable version of this form is available for download at: www.QCSD.org and www.levybus.com

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