

# STUDENT BUS PASS

## Kingsport City Schools

SCHOOL \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

THIS STUDENT HAS PERMISSION TO RIDE BUS # \_\_\_\_\_ FOR \_\_\_\_\_ DAY(S).

STARTING DATE \_\_\_\_\_ AM PM ENDING DATE \_\_\_\_\_ AM PM

DESIGNATED BUS STOP \_\_\_\_\_ RIDING WITH \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

The original copy of this pass must be given to the bus driver upon entering the bus for the first time.

REQUESTED BY \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ NOTE  
(Parent/Guardian) PRINT NAME CALL

SCHOOL SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

THIS PASS MAY BE REVOKED BY THE DIRECTOR OF TRANSPORTATION OR SCHOOL ADMINISTRATION AT ANY TIME FOR UNACCEPTABLE CONDUCT OR FOR A BUS RULE VIOLATION WHILE ON THE BUS OR WHILE WAITING AT THE BUS STOP.

WHITE COPY: BUS DRIVER

YELLOW COPY: SCHOOL/TRANSPORTATION