Bus Pass Information

Please complete and submit **IN DUPLICATE** the bus pass information shown below. Return both copies to the GHR office the day the child will be taking a different bus.

Teacher	Teacher
BUS PASS FOR BUS #	BUS PASS FOR BUS #
Student's Name	Student's Name
has my permission to get off the bus with/at	has my permission to get off the bus with/at
Destination	Destination
Address	Address
Date & Parent Signature	Date & Parent Signature
For office use:	For office use:
Staff Date Signature	Date Staff Signature