



Transportation Boarding Pass

Effective Date(s): _____

Student Name: _____ Student ID# _____

Teacher Name: _____ Room #: _____

Student Grade: _____ Parent Name: _____

Parent Phone: _____ **Alternate Phone:** _____

Student will be going home with _____
(Name of Student-Must be from the same school.)

on Bus Number _____ to _____
(Address)

Signature of School Official: _____ Date: _____

White Copy- Bus Driver

Yellow Copy- School



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