

Teacher: _____

Room #: _____

ACTON PUBLIC SCHOOLS--ELEMENTARY BUS PASS

McCARTHY-TOWNE SCHOOL

TODAY'S DATE: ____/____/____

This form must be delivered to the school office at the beginning of the school day the change is effective, otherwise the student will be dismissed according to his/her usual dismissal procedure. Bus changes cannot be taken over the phone except in an emergency, determined by the school principal. **Check ONE box and fill out ALL other information.**

PERMANENT CHANGE FOR EVERY _____
(LIST DAYS OF WEEK FOR SCHEDULE CHANGE)

ONE DAY CHANGE FOR _____ / ____/____
(DAY OF WEEK) (DATE)

_____ **HAS PERMISSION TO RIDE BUS #** _____ **TO**
(STUDENT'S NAME)

_____. **THE STUDENT WILL BE IN THE CARE OF**
(BUS STOP LOCATION)

_____ **WHO CAN BE REACHED AT** _____
(DAYCARE PROVIDER/GUARDIAN, TUTOR, ETC.) (PHONE #)

(SIGNATURE OF PARENT/GUARDIAN
REQUESTING BUS PASS)

(PHONE NUMBER WHERE YOU CAN BE REACHED
DURING THE DAY)

(SIGNATURE OF SCHOOL OFFICIAL)

____/____/____
(DATE)

Teacher: _____

Room #: _____

ACTON PUBLIC SCHOOLS--ELEMENTARY BUS PASS

McCARTHY-TOWNE SCHOOL

TODAY'S DATE: ____/____/____

This form must be delivered to the school office at the beginning of the school day the change is effective, otherwise the student will be dismissed according to his/her usual dismissal procedure. Bus changes cannot be taken over the phone except in an emergency, determined by the school principal. **Check ONE box and fill out ALL other information.**

PERMANENT CHANGE FOR EVERY _____
(LIST DAYS OF WEEK FOR SCHEDULE CHANGE)

ONE DAY CHANGE FOR _____ / ____/____
(DAY OF WEEK) (DATE)

_____ **HAS PERMISSION TO RIDE BUS #** _____ **TO**
(STUDENT'S NAME)

_____. **THE STUDENT WILL BE IN THE CARE OF**
(BUS STOP LOCATION)

_____ **WHO CAN BE REACHED AT** _____
(DAYCARE PROVIDER/GUARDIAN, TUTOR, ETC.) (PHONE #)

(SIGNATURE OF PARENT/GUARDIAN
REQUESTING BUS PASS)

(PHONE NUMBER WHERE YOU CAN BE REACHED
DURING THE DAY)

(SIGNATURE OF SCHOOL OFFICIAL)

____/____/____
(DATE)