



BUS PASS NOTE

DATE: _____

STUDENT' NAME _____

TO: _____
Teacher name

FROM: _____
Parent name

Will be picked up by _____
First Name Last Name

Time _____

Will be going home on bus # _____ with

First Name Last Name Teacher name if applicable

If your child is going to a sitter or after school program, please enter the program and days of the week your child will be attending:

Program/Sitter

Days attending

Will remain at school for:

Name of activity

Parent/Guardian Signature



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