

Kearsarge Regional School District

Student Transportation Information

Permanent Pass Request

This form may be used to give your child the ability to ride a bus to an alternate location for the remainder of the current school year (i.e., babysitter's house, after school program, shared custody, late bus, etc.)

I, _____, give my written consent for
_____ to ride Bus # _____ and get off at
_____ at any time.

I understand this privilege can be denied based upon capacity and/or behavioral issues.

I further understand I must file a new form in order to change/suspend/revoke this permission slip. Otherwise, it will expire at the end of the current school year.

****Only one alternate drop off will be permitted. See reverse for instructions to obtain a temporary bus pass.**

*****Please note, by signing this portion of the form, you are giving your child written permission to ride the alternate bus at their will.**

Parent/Guardian Signature

Date

Kearsarge Regional School District

Student Transportation Information

Student Name	School	Grade
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Street Address <i>(no post office box)</i>	Town	Home Phone
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Parent/Guardian	Home Phone	Work/Cell Phone	E-mail
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Parent/Guardian	Home Phone	Work/Cell Phone	E-mail
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Emergency Contact	Home Phone	Work Phone	Cell Phone
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Emergency Contact	Home Phone	Work Phone	Cell Phone
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Pertinent Health and/or other information: _____

	Bus Number	Location of Bus Stop
Morning Pick Up (home to school)		
Afternoon Drop Off (school to home)		

***Please indicate if your child will utilize a different form of transportation.

***If you wish for your child to travel on a different bus to a different location for a single day or up to a maximum of five (5) days, please send a note to your child's school and instruct them to obtain a bus pass.

Parent/Guardian Signature

Date