

Cobb County School District
STUDENT BUS PASS



School: _____

Please forward the completed form to your school bus driver.

Student: _____

Gender: M or F **Age:** ____ **Grade:** ____ **New Student:** ____

Reason for Pass: _____

Duration of Pass: _____

Requested Stop Location: _____

Assigned Bus #: _____ **Temporary Bus#:** _____

Home Address: _____

Apt/Subdivision: _____

Parent/Guardian: _____

Home #: _____ **Cell #:** _____

Medical Conditions: _____

Administrator Granting Permission:

Print Name: _____

Signature: _____

CCSD Transportation Department reserves the right to deny permission of temporary riders based on capacity limits and student behavior concerns.