



ROCKY MOUNT ELEMENTARY SCHOOL

STUDENT BUS PASS

Please deliver the completed bus pass to Rocky Mount's main office.

Print Student's Name: _____

Gender: Male or Female

Age: _____ Grade: _____ Teacher's Name: _____

Reason for Pass:

Duration of Pass:

Requested Stop Location:

Assigned Bus Color: _____ Temporary Bus Color: _____

Home Address: _____

Apt/Subdivision: _____

Print Enrolling Adult's Name: _____

Enrolling Adult's Signature: _____

Home #: _____ Cell #: _____

Medical Conditions: _____

Other Important Information: _____

Front Office Staff Granting Permission:

Is this a new student? Yes or No

Print Name:

Signature:
