



**ROCKY MOUNT ELEMENTARY SCHOOL**

**STUDENT BUS PASS (revised 10.3.24)**

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

Print Student's Name: \_\_\_\_\_

Gender: Male or Female

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Reason for Pass:

\_\_\_\_\_  
\_\_\_\_\_

Duration of Bus Pass:

\_\_\_\_\_

Requested Stop Location:

\_\_\_\_\_

Assigned Bus Color: \_\_\_\_\_ Temporary Bus Color: \_\_\_\_\_

Home Address: \_\_\_\_\_

Print Enrolling Adult's Name: \_\_\_\_\_

Enrolling Adult's Signature: \_\_\_\_\_

Cell #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other Important Information for the driver to know since he/she isn't familiar with your child:

\_\_\_\_\_

**Front Office Staff Granting Permission:**

Is this a new student? Yes or No

Front Office Staff/Print Name:

\_\_\_\_\_

Front Office Staff/Signature:

\_\_\_\_\_