

STUDENT BUS PASS

HURON SCHOOL DISTRICT
24870 MERRIMAN RD.
New Boston, Mi 48164

Date: _____

Student's Name: _____

The above student has permission to ride bus route # _____ for _____ day(s).

Starting date: _____ Ending Date: _____

Destination/Reason: _____

Parent Signature: _____ Contact Info: _____

Authorized School Official Signature: _____

THIS PASS MAY BE REVOKED BY THE SCHOOL BUS DRIVER OR ANY SCHOOL OFFICIAL AT ANY TIME FOR POOR CONUDCT WHILE ON THE BUS OR AT THE BUS STOP.

Directions for Use: Please print this document out and fill it out completely, leaving the school official signature only blank. Send it in with your student to be turned in first thing in the morning and it will be signed so that your student can pick it up at the end of the day.

Thank you for your cooperation,

Renton Office Staff