

## SARASOTA MIDDLE SCHOOL TEMPORARY BUS RIDER PERMIT



Student Name:	Grade:
Student Address:	
Phone Number:	Contact Name:
Regular Assigned Bus Number:	
Regular Assigned Bus Stop:	
The above named student has my pe below for the following date:	rmission to use the bus number and bus stop listed
Bus Number: Bus S	Stop:
Parent Signature:	
**	**************
You may not ride a bus if you are not	a registered bus rider with transportation.
Students requesting to ride busses o adhere to the following procedure.	ther than the bus to which they are assigned shall
, , ,	Bus Rider Permit from the School Administrator. resented to the driver prior to the date requested.
	OR
No student shall ride a bus other than exceptions.	n his/her assigned bus. There will not be any
School Administrator's Signature:	