



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 permission to use the bus number and bus stop listed below for the following date: _____

Bus Number: _____ Bus Stop: _____

Parent Signature: _____

You may not ride a bus if you are not a registered bus rider with transportation.

Students requesting to ride busses other than the bus to which they are assigned shall adhere to the following procedure.

Must obtain a completed Temporary Bus Rider Permit from the School Administrator. When possible this form should be presented to the driver prior to the date requested.

OR

No student shall ride a bus other than his/her assigned bus. There will not be any exceptions.

School Administrator's Signature: _____