FRANKLIN MONROE LOCAL SCHOOL DISTRICT

Bus Permit

This permit is for a student getting on/off the school bus at a residence other than the student's regular stop. Requests will not be approved that require Franklin Monore buses to make stops which are not part of their regular routes.

Student's	Name:					DATE:			
Will be gettin	ng on/off the	bus at:					l .		
Name:					Phone number: ()				
Address:									
Bus Number and Driver's Name					Day/Date change is effective				
This change	is effective fo	or (please circle as	needed)						
circle day(s)									
Monday	Tuesday	Wednesday	Thursday	Friday	All week	Until further r	notice	All year	
circle time									
Morning only Afternoon only			Both morning & afternoon						
I understand	d that by sigi	ning this permit, I r	elieve the Fran	nklin Monroe	School Distri	ct and all perso	onnel of ar	ny liability as	
soon as the	student gets	s off the bus.							
				-		•	()		
Parent/Guardian Signature					Date		Phone		
Office use on	ly:	Date received in office			Ву		☐ Teacher Notified		
Approval Signature					Date		Date to transportation		