

Cobb County School District  
STUDENT BUS PASS



School:     **Kell High School**     Fax:     **770-516-4257**    

Student: \_\_\_\_\_

Gender: M or F Age: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student: \_\_\_\_\_

Reason for Pass: \_\_\_\_\_

Duration of Pass: \_\_\_\_\_

Requested Stop Location: \_\_\_\_\_

Assigned Bus #: \_\_\_\_\_ Temporary Bus#: \_\_\_\_\_

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

Apt/Subdivision: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

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

Parent Signature \_\_\_\_\_

**Administrator Granting Permission:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_