

Cobb County School District  
STUDENT BUS PASS



School: \_\_\_\_\_

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

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

**Going home with** \_\_\_\_\_

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

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

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

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

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

Parent/Guardian(Print): \_\_\_\_\_

**Parent/Guardian (Signature):** \_\_\_\_\_

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

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

**Administrator Granting Permission:**

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

Approval: \_\_\_\_\_