

Cobb County School District  
STUDENT BUS PASS



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

Please forward the completed form to your school bus driver.

**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:** \_\_\_\_\_

**Administrator Granting Permission:**

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

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

CCSD Transportation Department reserves the right to deny permission of temporary riders based on capacity limits and student behavior concerns.