

CGS Bus Pass Notification

Please complete and submit **IN DUPLICATE** the bus pass information shown below. Return both copies to the CGS office the day the child will be taking a different bus.

Teacher _____
BUS PASS FOR BUS # _____
Student's Name has my permission to get off the bus with/at
Destination
Address
Date & Parent Signature
For office use:
Date Staff Signature

Teacher _____
BUS PASS FOR BUS # _____
Student's Name has my permission to get off the bus with/at
Destination
Address
Date & Parent Signature
For office use:
Date Staff Signature