

IOWA-GRANT SCHOOL DISTRICT

BUS PERMISSION SLIP

CHECK APPROPRIATE GRADE LEVEL:

EC - 8

HS

_____ in _____ has my permission to ride the bus and be
Child's Name Home Room

discharged at _____ with or at _____ on
PLEASE CLEARLY LIST ADDRESS Friend or Place

Date

Home Phone Number: _____

Work Phone Number: _____

SIGNED: _____
Parent/Guardian

ROUTE NUMBER: _____

APPROVED DATE STAMP: _____

***NOTE: This request will not be honored if it causes deviation or overloading in bus route(s).**