

## **NEISD STUDENT BUS RIDE PERMISSION SLIP**

SCHOOL NAME	DATE(S) OF TRAVEL
is authorized	d to ride home on bus #
toBUS STOP LOCATION (Print)	on the above indicated date(s).
REASON:	
Parent/Guardian:	Date:
Phone Number(s): ()	()
Campus Administration:	Date:
NOTES:  1. This form is only to be used for a "one time" situation campus level and provided to the bus driver.  2. Transportation services for after school care to of documented licensed day care center/provider or grexisting route based on State guidelines and review Department.  3. A long term, urgent/hardship situation must be set to the Transportation Department from parent to catakes effect.  * Processing items 2 and 3 may require 5 workday.	other than "home address" will be to a grandparent's home located on an w /approval by the Transportation ubmitted for consideration/ approval ampus administration before request
Approved / Disapproved: Transportation Repres	Date:
4. Students and families should comply with and co schedule to travel to/from school until notified by th	ontinue to use the original bus route

As of: August 1, 2014