

**Salem City Public Schools
SCHOOL BUS PASS**

School Office Personnel will Complete this Form:

_____ School
Please fill out COMPLETELY when there are transportation changes.

Effective Date(s): _____

**Student
Name:**

Grade:
(if elementary)

**Above
Student will
ride bus #**

Today Only

All
Week

Long Term changes
require Transportation
Office approval - call
(540) 444-0858

Enter Approved Bus Stop Address or Cross Street here:

**DROP STUDENT OFF
AT THIS APPROVED
BUS STOP:**



Parents Signature:

**Homeroom Teacher:
(If Elementary)**

**Principal or designee approval
signature:**

Date: _____

**Student must present this Bus Pass to the Bus Driver
as they get on the bus.**