

**WEST GEAUGA SCHOOLS
OFFICIAL BUS PASS**

BUS# _____

Date _____

Student's name _____ **Phone #** _____

Address _____

Going to: (Student's name) _____

Address _____ **Phone #** _____

Parent's Signature _____

Phone number where parent/guardian can be reached: _____

Building Administrator/Designee: _____

TRANSPORTATION ON A DIFFERENT BUS WILL BE GRANTED ONLY IF A SEAT IS AVAILABLE!
(This form must be completed in full in order to be honored.)