

Silver Valley Unified School District
School Bus Permission Slip

TEACHER'S COPY

Student's Name: _____
Student ID: _____ DOB: _____
Teacher's Name: _____
Room #: _____ Grade: _____
Parent/Guardian: _____

Address

City State Zip

Home Phone Cell Phone

Father's Work Phone Mother's Work Phone
Comments: _____

BUS INFORMATION

AM ROUTE: _____ **PM ROUTE:** _____

Bus Stop: _____

Alternate Route No. _____

Alternate Bus Stop: _____

Pick-up / Drop-off Times
(Monday, Tuesday, Thursday, Friday)

AM _____ PM _____

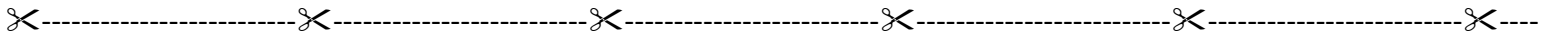
(Wednesday's and Minimum Day's)

AM _____ PM _____

My Child Walks

My Child is Picked up

Per First Student regulations, the bus driver must have written notification if a student will be getting off at a different bus stop. Please provide written notice to the teacher and the bus driver. Any questions please call First Student at 760-254-3850



BUS DRIVER'S COPY

Student's Name: _____
Student ID: _____ DOB: _____
Teacher's Name: _____
Room #: _____ Grade: _____
Parent/Guardian: _____

Address

City State Zip

Home Phone Cell Phone

Father's Work Phone Mother's Work Phone
Comments: _____

BUS INFORMATION

AM ROUTE: _____ **PM ROUTE:** _____

Bus Stop: _____

Alternate Route No. _____

Alternate Bus Stop: _____

Pick-up / Drop-off Times
(Monday, Tuesday, Thursday, Friday)

AM _____ PM _____

(Wednesday's and Minimum Day's)

AM _____ PM _____

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