Silver Valley Unified School District School Bus Permission Slip

TEACHER'S COPY

a. 1 ./ ./		BUS INFORMATION
		AIVI KOUTE: PIVI KOUTE:
Student ID:	DOB:	Bus Stop:
Teacher's Name:		_
Room #:	Grade:	Alternate Route No
Parent/Guardian:		Alternate Bus Stop:
		Pick-up / Drop-off Times
Address		(Monday, Tuesday, Thursday, Friday)
	State Zip	_ AM PM
	State Zip	(Wednesday's and Minimum Day's)
Home Phone	Cell Phone	AM PM
		− My Child Walks □
Father's Work Phone	Mother's Work Phone	<u>_</u>
Comments:		My Child is Picked up ☐
Please provide written notice t	to the teacher and the bus driver. Any q	ation if a student will be getting off at a different bus stop. westions please call First Student at 760-254-3850
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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