WEST JEFFERSON MIDDLE SCHOOL
PERMISSION FOR BUS PASS

Date: ____________________________________

I give permission for my child, ________________________________, to ride (Name)
Bus number _______ so he/she may go to ________________________________.

__________    This bus pass is for today only

__________    This bus pass is permanent

_________________________________________    ___________________________
Parent Signature                        Date

Please complete this form and have your student bring it to the office on the
day he/she needs a bus pass.