BUS PASS SLIP–Clear Springs Elementary

Date:_____

My child, _____, has permission to ride home
First name Last name

On Bus #:_____ Bus Stop Intersection:_____

with _____.
First Name Last Name

Thank you!

_____
Parent Signature

BUS PASS SLIP–Clear Springs Elementary

Date:_____

My child, _____, has permission to ride home
First name Last name

On Bus #:_____ Bus Stop Intersection:_____

with _____.
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Thank you!

_____
Parent Signature