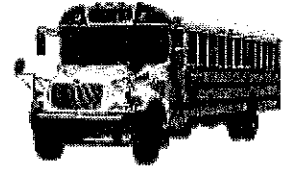


**Marple Newtown School District
Student Bus Pass**



Please forward the completed form to your school bus driver.

Student Name: _____

Gender (please check) Female Male

Grade: _____

Reason for Alternate Bus Stop Pass request:

(please explain and/or attach a copy the parent/guardian note requesting the temporary alternate bus stop)

Date(s) requested for the Bus Pass: ____/____/____; ____/____/____; ____/____/____
(A request for more than three (3) school days requires the Transportation Supervisor to authorize)

Requested Stop Location: _____

Assigned Bus #: _____ Temporary Bus # _____

Principal or Principal's Designee Granting Permission

Printed Name: _____

Signature: _____

MNSD Transportation Department reserves the right to deny permission to temporary riders based on capacity limits and student behavior concerns.