

Student's Name: _____

Grade: _____

Orono Middle School Bus Pass

To: First Student Transportation

Driver of route #: _____ (if not known OMS office will fill in)

I _____ give permission for my student _____
(Parent/Guardian name) (Student's name)

in grade _____ to ride this bus on _____ because of the reason checked below.
(date/dates)

He/She will get off the bus stop / drop off address: _____
(if not known office will fill in)

They will be traveling with (if applicable): _____
(Student's name)

Bus Request Categories

Check one which pertains to request:

____ After School Activity

____ Scout project

____ Child care

____ Other _____

____ Church Activity

____ Permanent Bus pass _____
(please list activity)

____ Emergency

____ Start Date: _____

____ Miscellaneous Activity

End Date: _____

Day(s) of the week for activity: _____

Parent / Guardian Signature: _____ Date: _____

Please print out, fill in and have your student turn this completed form into the main office by 10 a.m. to ensure the pass will be completed by the end of the students lunch time. Students can pick up their completed bus pass, in the office, at the end of their lunch time.

**Thank you for your assistance.
Orono Middle School**

Office use:

Received by: _____

Date: _____