

Alternate Bus Pass Request
2018 / 2019 School Year
(A new form must be completed annually)

Date: _____

Student Name: _____ Grade Level _____

Dear Hamilton High School:

This is my request to have an Alternate Bus Pass for my child. He/she lives with me part of the time and at his/her mother/father's part of the time.

Please note that the Alternate Bus Pass Request for your student will need to be approved by the principal prior to processing. Completion of this form **does not automatically** guarantee your child will be issued an Alternate Bus Pass. **Your child will be called to the office when a decision has been made.**

Primary Address of student: _____ (This is the regular bus stop. No pass will be issued.)

Parent/Guardian: _____	Phone: () _____
Relationship: Mother / Father	
Address: _____	

Alternate Bus Pass Information (A bus pass to be issued by the HHS office)

Parent/Guardian: _____	Phone: () _____
Relationship: Mother / Father	
Address: _____	

Reason: _____

Please issue a pass for circle one: Every Other Week Only on: _____

What day of the week?

A.M. Only _____

P.M. Only _____

A.M. and P.M. _____

Parent/Guardian completing the above information: _____ Date: _____

This takes at least 48 hours to process.