Alternate Bus Pass Request

Date: _____

Student Name: _____ Grade Level _____

Dear TMS:
This is my request to have a 2nd permanent pass available to my child as he/she lives with me part of the time and at his/her mother's/father's part of the time.

Dear Parent:
Your *Alternate Bus Pass Request for your student will need to be approved by the Associate Principal prior to processing. Completing this form **does not automatically** allow for an Alternate Bus Pass to be issued by the Office. Someone from the TMS office will call the Primary Parent/Guardian home phone 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:

_____

_____

_____

Reasoning: _____

_____

_____

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

Parent/Guardian: _____ Phone: _( )_____

Relationship: Mother / Father
Address:

_____

_____

_____

Please issue a pass for circle one: Every Other Week Only on: _____
What day of the week?

A.M. Only _____

P.M . Only _____

Both AM and PM _____

A new form must be completed annually.

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