

T.C. WEST MIDDLE SCHOOLBUS PASS REQUEST



Name of Student:	Grade:
Home Phone # :	
Parent or Guardian Work Phone # :	
The student named above is requesting a bus pass for:	
Date or Dates:	
Bus Route # : am noon pm	
Name of adult and address for requested bus stops:	
Name of WMS students living at requested stops:	
Emergency reason for requested bus pass	
Parent/ Guardian signature :	
This form must be dropped off at the main office, in the basket before 3 rd hour on the requested date	
<i>TCAPS does not issue bus passes for social reasons, employment purposes or doctor appointments.</i>	
We do issue passes for emergency reasons.	
Approved _____ Denied _____ Questions 933-8225	