

**T.C. WEST MIDDLE SCHOOLBUS PASS REQUEST**

**Name of Student:**

**Grade:**

Home Phone #:

Parent or Guardian Work Phone #:

The student named is requesting a bus pass for the following (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 in your wing office before lunch.

**TCAPS does not issue bus passes for social reasons, employment purposes or doctor appointments. We do issue passes for emergency reasons.**

Approved\_\_\_\_\_ Denied\_\_\_\_\_

**Questions: South Wing 933-8220 | West 933-8300 | North 933-8260**