



# Gardner Public Schools

## 2019-2020 Bus Pass Application

\_\_\_\_\_ **New Student**

\_\_\_\_\_ **Change of Address**

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_  
(Last) (First) (MI)

**Address:** \_\_\_\_\_  
(No. and Street) (City/State/Zip)

**Phone Number:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_ I need transportation both to school in the morning and home from school in the afternoon.

\_\_\_\_\_ I need transportation from home to school only in the morning. We will not hold a seat for your child in the afternoon.

\_\_\_\_\_ I need transportation from school to home only in the afternoon. We will not hold a seat for your child in the morning.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ Approved: \_\_\_\_ Not Approved: \_\_\_\_ Reason: \_\_\_\_\_

\$100 Fee \_\_\_\_\_ yes \_\_\_\_\_ no