



Temporary Transportation Approval City of St. Charles School District

Student _____ Grade _____

School _____

Date(s) of Ridership _____

Bus Route Number _____

Pick Up / Drop Off Location _____

Circle One:

Morning Route

Afternoon Route

This student has permission to ride the indicated bus at the specified date and times. School officials have secured appropriate parent permission and have verified that space is available on the bus.

Signature of Principal or Asst. Principal

Date



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