

# JMS Bus Pass Request

Print and complete the form below.

Bus Passes are for emergencies only.

Email both: [Lori.Pirkle@gcpsk12.org](mailto:Lori.Pirkle@gcpsk12.org) and [Sharon.Lott@gcpsk12.org](mailto:Sharon.Lott@gcpsk12.org)

Subject Line of email : **“Student First and Last Name needs a Bus Pass”**

\*Request received after 2pm will be completed the following school day.

Today's date: \_\_\_\_\_

Student First and Last Name: \_\_\_\_\_

Student GCPS ID: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Cell Phone Number where you can be reached between 9AM-11AM: \_\_\_\_\_

Student that your child is requesting to go home with (provide first and last name of student):  
\_\_\_\_\_

Address where your child will be dropped off  
\_\_\_\_\_  
\_\_\_\_\_

Bus Number or Route your child will need to have written on the bus pass \_\_\_\_\_

Reason your child will be riding the bus to the address listed above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which specific date/day(s) and time will your child need this bus pass:

Time: AM, PM \_\_\_\_\_

Specific date (will only need a bus pass for 2 or less specific dates): \_\_\_\_\_

Bus Passes can be given to a student up to 2 week for special cases. If the bus pass is needed longer than 2 weeks an Alternate Transportation form will need to be completed.

Parent Email Address: \_\_\_\_\_

Parent First and Last Name(print): \_\_\_\_\_

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