

## **ONE-DAY BUS PASS**

Date of change:		
/		/
Child's First Name	Last Name	Grade
[ ] Will take our route,	but will exit the bus w	vith:
[ ] Will ride the bus wit	th:	
Parent/Guardian signatu	re: (by typing name, y	ou have signed)
Contact # if questions		

Download additional forms at www.stanthony.cc/school