



**COBB COUNTY SCHOOL DISTRICT / TRITT ELEMENTARY SCHOOL
TRANSPORTATION CHANGE / BUS PASS**

My child, _____, in Mr. / Ms. _____'s class will be changing his / her regular transportation today.

He / she will be: (please check the following that apply)

_____ Riding their regular bus _____

_____ Picked up in car pool line by _____ Carpool # _____

_____ Walking or riding bike home.

_____ Attending ASP

_____ Attending the following F.A.S.T. (Foundation After School Time) Program

_____ Other _____



THE FOLLOWING INFORMATION IS REQUIRED FOR ANY STUDENT TO RIDE ANOTHER STUDENT'S BUS:

_____ Riding bus _____ home with _____ for emergency childcare purposes.
SEE POLICY BELOW

Student's Age: _____ Grade: _____ Duration of Pass: _____

Reason for change: _____

******Policy regarding riding another student's bus******

*Per CCSD Administrative Rule ED-R Student Transportation Management, riding another child's bus **must be for emergency childcare purposes only**. Notes must be approved (stamped) by the office before dismissal on that day. This note is critical and is for your child's protection. Approval of the change for the bus is contingent upon available seating space on the bus. The bus driver is under strict orders that without written permission sent by the parent and stamped by an administrator, the child will have to ride the regular bus home and get off at the regular stop. We thank the parents and guardians in advance for your understanding and cooperation in keeping our children safe.*

Stop location: _____

Parent's Name: _____

Parent's Emergency Contact Information: _____

Parent Signature: _____ Date: _____