



Great Bridge Primary School
 408 Cedar Road
 Phone: 547-1135 / Clinic: 547-5644
 Fax: 547-1820

A Note to the Teacher

Date: _____ Teacher: _____

Student: _____

ALL BUS CHANGES MUST BE WRITTEN ON THE TRANSPORTATION FORM ON THE BACK OF THIS SHEET.

_____ Is late today due to: _____

_____ To be picked up by: _____
 at: _____
 (Time)

_____ Is returning after an absence on the following date(s) _____

_____ Reason for absence is _____

Parent Signature: _____

Phone # to contact you: _____

Office Approval: _____



**Alternate Bus Stop
 Permission Slip**

Student's Name: _____

Teacher: _____

Address: _____

Phone Number: _____

Assigned Stop: _____

Alternate Bus Information:

Bus # _____

Begin Date: _____ End Date: _____

Bus Stop Drop off
 Location: _____

My child is going home with (if applicable)

_____ Name of Other Student

Parent/Guardian Signature _____ Date _____

Teacher - Send this notice to the office, we will log it in and return it to you. This form should go with the student to the bus or designated afternoon pick up location, i.e., gym, café.

Office Approval: _____