

PINELLAS COUNTY SCHOOLS
TEMPORARY PERMISSION SLIP FOR EMERGENCY CHANGE OF BUS STOP

BUS DRIVER _____ DATE _____

SCHOOL _____ ROUTE # _____

STUDENT'S NAME _____

*REQUESTED STOP LOCATION _____

**TEMPORARY ADDRESS IS REQUIRED _____

EFFECTIVE DATE(S):** START ____ / ____ / ____ AM PM STOP ____ / ____ / ____ AM PM

PARENT CONTACT # _____

PARENT SIGNATURE _____

PRINCIPAL OR
DESIGNEE SIGNATURE _____

*TO AN EXISTING STOP ONLY

**3 DAY MAXIMUM

White – School

Yellow – Driver