

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