



## TRANSPORTATION

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### TEMPORARY TRANSPORTATION APPROVAL

#### CITY OF ST. CHARLES SCHOOL DISTRICT

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE(S) OF RIDERSHIP: \_\_\_\_\_

BUS ROUTE NUMBER: \_\_\_\_\_

PICK UP/DROP OFF LOCATION: \_\_\_\_\_

Circle One:      Morning Route      Afternoon Route

*This student has permission to ride the indicated bus at the specified date and times. School officials have secured the appropriate parent permission and have verified that space is available on the bus.*

\_\_\_\_\_  
*Signature of Principal or Assistant Principal*

\_\_\_\_\_  
*Date*