



Gardner Public Schools

2018-2019 Bus Pass Application

_____ **New Student**

_____ **Change of Address**

Student Name: _____ **School:** _____
(Last) (First) (MI)

Address: _____
(No. and Street) (City/State/Zip)

Phone Number: _____ **Grade:** _____

_____ I need transportation both to school in the morning and home from school in the afternoon.

_____ I need transportation from home to school only in the morning. We will not hold a seat for your child in the afternoon.

_____ I need transportation from school to home only in the afternoon. We will not hold a seat for your child in the morning.

Parent Signature: _____ Date: _____

For Office Use Only:

Date Received: _____ Approved: ____ Not Approved: ____ Reason: _____

\$100 Fee _____ yes _____ no