

**Provo City School District
Policy Series 6000: Finances and Operations**



6605 F2

Authorization to Ride an Unassigned Bus:

Name of requested student: _____.

Name of Special Ed or PUPs sibling: _____.

Date(s) effective :

Entire school Year

OR

Date(s): _____

I _____ as the parent/guardian of student _____ am requesting permission for my student to ride the school bus with their Special Ed or PUPs sibling. I have read Policy 6605 and the related procedures.

Parent Signature

Date

Transportation Director Signature

Date

Cross References:

PCSD Policy 6605

PCSD procedure 6605 P2
stop

Adopted:

Synopsis

Safe Travel to and From School

Authorization for change in assigned bus

February 14, 2017