

**Guest Rider Permission**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bus Driver: | |  | | Date: |  |
| Guest Passenger(s): | | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

|  |  |
| --- | --- |
| Date of Guest Ride: |  |

|  |  |
| --- | --- |
| Drop off Location: |  |
|  |  |

|  |  |
| --- | --- |
| **Phone number to contact in case of emergency:** |  |

These riders have been approved to ride bus number \_\_\_\_\_\_\_\_, route number \_\_\_\_\_\_\_\_

according to Transportation Procedure 8.01 and in consultation with the Living Sky School Division Transportation Department. All passengers are expected to follow school bus rules.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent/Guardian Signature |  | Principal/Designate Signature |