

Student Name: ID #:

Parent Name: Phone #:

I am receiving a 30-day bus pass to only be used to transport my child to and from school. I understand that it is my responsibility to take care of the bus pass. I am aware that I must contact FIT if the bus pass gets lost or stolen. I also understand that I must contact the FIT worker to receive another pass if needed.

My student is receiving a student transit center pass. I understand that my student can only use this pass to and from school. I am aware that the student bus pass can only be swiped twice a day, which is to and from school. The bus pass will not work if it is swiped more than twice a day. If my student is required to transfer buses, it is my responsibility to ask the bus driver for a transfer slip. I understand that it is my responsibility to take care of the bus pass. I am aware that I must contact FIT if the bus pass gets lost or stolen.

Once alternate busing can be put in place, I understand that I will no longer receive bus passes and that the student bus pass will be cancelled.

Signature Date

OFFICE USE ONLY

Bus pass number(s):

Date Issued:

Date cancelled: