



TEMPORARY BUS PASS

The purpose of this form is to allow for an Adult Volunteer, Parent, or School Staff Member temporarily ride on a PPS Transportation service. Please submit this completed form to the school/program office for approval and present signed form to driver showing that you are eligible to ride. This form is not to be used by PPS Employees for the purposed of home to work or work to home transportation.

School: _____

Rider's Name: _____

Pickup Stop _____ Route _____ Pickup Time _____

Drop Off Stop _____ Route _____ Drop Off Time _____

Reason: _____

If Parent, Name of your Student: _____

Check One:

☐ Adult Volunteer

☐ Parent

☐ School Staff

FOR OFFICE ADMINISTRATION

☐ APPROVED _____

☐ DENIED/REASON FOR DENIAL _____

Staff Signature: _____ Date _____