



**Transportation Department  
ANNUAL BUS PASS  
Parent Request Form**

**Student Last Name, First Name:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

Students may ride the bus to a stop other than their own with written permission from their parents. Requests for an annual change in a scheduled stop will be approved or disapproved depending upon the merits and/or bus capacity. **Requests are to be specific: What Dates – Beginning date/ending date and Where To – Specific address must be given.**

**Any students on a variance (choice or from inside/outside the district) do not receive district transportation. The variance acceptance letter states "If applicable, parents/guardians are responsible for providing transportation to and from school for the student, unless the Snohomish School District is required to provide transportation for a student with a disability under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (IDEA)."**

**PLEASE NOTE: THE NEAREST DESIGNATED STOP WILL BE USED AS THE PICK UP/DROP OFF POINT.**

School student attends: \_\_\_\_\_ Grade: \_\_\_\_\_  
NAME OF SCHOOL

I request that my child: \_\_\_\_\_ Ride Route / Bus # \_\_\_\_\_  
PRINT CHILD'S NAME

To/from address: \_\_\_\_\_ (list specific address/stop)

Beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 2023

**Specific days of the week:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**or** Everyday: \_\_\_\_\_ AM only: \_\_\_\_\_ PM only: \_\_\_\_\_ Both: \_\_\_\_\_ (Please check all that apply.)

The reason for requesting this change: \_\_\_\_\_  
\_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Parent/guardian email address \_\_\_\_\_

**Scan completed form and send to: [transportation@sno.wednet.edu](mailto:transportation@sno.wednet.edu)**

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FOR TRANSPORTATION OFFICE USE ONLY

\_\_\_\_\_  
(Bus Driver) (Route)

**Approved** Pick-up time \_\_\_\_\_ Drop-off-time \_\_\_\_\_

**Denied** Explanation \_\_\_\_\_

\_\_\_\_\_  
(Transportation Coordinator) (Date)

*An annual bus pass must be requested each school year. Any change to the above information requires a new bus pass. Any other changes require written documentation from parent/guardian. Forms will be reviewed as staff and resources are available.*