

**BRAXTON COUNTY SCHOOLS  
BUS PASS**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

Bus Number (s) \_\_\_\_\_

Date: \_\_\_\_\_

Pass is good for:

Today Only

Weekly on (circle): M T W Th  
F

As Needed

Name of Person Receiving Child

Address (Number & Street) or Landmark

Parent Phone Number: \_\_\_\_\_

Phone Number of Person Receiving Child \_\_\_\_\_

Signature of Parent (if applies)

Signature of Employee