



SOUTHERN LEHIGH SCHOOL DISTRICT

5775 MAIN STREET
CENTER VALLEY, PENNSYLVANIA 18034

PHONE: (610) 282-5589
FAX: (610) 282-0192

RideWithUs@slsd.org

BUS STOP PERMIT (Green Slip)

This is to certify that _____ has permission to board and
STUDENT First/Last NAME

Disembark Bus No. _____ at _____ *Daycare*
or _____ *Home*

Bus stop permits are only to be used for Daycares or approved locations as noted above.

SCHEDULE / DAYS OF THE WEEK (please circle the dates and identify date(s) of request:

DAYCARE: M T W TH F ~~~~ AM K PM K

Dates: ____/____/____ to ____/____/____

HOME: M T W TH F ~~~~ AM K PM K

Dates: ____/____/____ to ____/____/____

*Schedule must be consistent weekly

Parent Signature: _____

School Approval: _____

Bus Driver Signature: _____

PROCEDURE: Student requests this form from the main office/SLSD website. Parent completes the form and signs. Student submits to the main office for Principal approval signature. If approved by the Principal, the student submits to the driver. Driver signs as authorization that the student is admitted onto the bus.