

Johnson Pass

Student _____ Date: _____ Teacher _____
(Last, First Name)

Has Permission to (mark one):

1. _____ Ride Bus # _____ to _____
(Location of bus stop &/or name and # of student your child will be going home with)

2. _____ Will be picked up by _____
(First Name and Last Name, ID Required if not Guardian)

_____ Early Dismissal Only in the office at _____
Time

3. _____ Stay after school for _____
(Boys/Girl Scout, Beta Club, etc.....)

And will be picked up by _____
(First Name and Last Name, ID Required if not Guardian)

Additional info: _____

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Parent Signature

Office Use Only

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