

**BUS TRAVEL REQUEST SLIP**

**At least a day's notice is required to process requests.**

NAME: .....

USUAL BUS STUDENT TRAVELS ON (if any)  
.....

BUS REQUESTED FOR USE: .....

DAY/S REQUIRED TO BE USED: .....

DROP OFF POINT: .....

PARENT SIGNATURE: ✎ .....

Deputy Principal's Signature ✎ .....

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