

**Portland Public Schools - Student Transportation
TEMPORARY BUS PASS**

School _____ Date Issued _____

Rider's Name _____ Date Expires _____
(First) (Last)

AM Stop _____ Route # _____

PM Stop _____ Route # _____

Check One:

Adult Volunteer

School Staff*

Signed _____
(Principal/Authorized Staff)

* Not to be used as employee home to work or work to home transportation.