



Onondaga Central School District
Bus Pass

Rockwell
552-5070

Wheeler
552-5050

High School
552-5020

Student's Name: _____

Bus # (if known): _____

Teacher's Name: _____

Room Number: _____

Date of Alternative Destination: _____

Name and complete address of alternative destination:

Name: _____

Address: _____

Telephone number during the day if there are questions: _____

Parent's Name (Please Print)

Parent's Signature

**INCOMPLETE PASSES
WILL NOT BE ACCEPTED**


