

Devon Elementary
Bus Pass

Date _____

Student Name _____

Bus # _____

To _____

Rm# _____

Approved By _____



DEVON ELEMENTARY SCHOOL

TREDYFFRIN/EASTTOWN SCHOOL DISTRICT

400 South Fairfield Road • Devon, PA 19333

Important Note

Date: _____

Room# _____

Student: _____

☐ is late/absent because: _____

☐ will be going home with: _____

☐ will be picked up by: _____ at: _____ AM/PM

*Reason: _____

☐ is Parent Pick-up and will meet: _____ in Cafeteria at 3:20

Parent Signature

LATE PASS

NAME _____

DATE _____

HOMEROOM _____ TIME _____

LUNCH _____

REASON _____

INITIAL _____