

Jasmin Tavaréz
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The Salem Public Schools
City of Salem

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BUS PASS REPLACEMENT FORM

**All requests must be sent to the transportation office for processing.
Requests will not be processed without proper payment.**

Date: _____

Students Name: _____

School: _____ **Grade:** _____

Fee for grades k-12 is \$10.00 Fee Collected: _____

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| <p>FOR TRANSPORTATION USE ONLY</p> <p>Date received: _____</p> <p>Cash or Check Check number if applicable: _____</p> |
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