## APPLICATION FOR COURTESY TRANSPORTATION

Designated School:	School Use Only	
Student Name:		
Home Address/Location:	Under Policy:	
Bus Route # AM PM Stop/Location:	Potential Empty Seats:	
Check applicable allocation criteria:	Please explain briefly, in the space provided, why	
medical conditions	courtesy transportation is being requested.	
□ student's age (youngest first)		
traffic/environmental concerns		
□ distance from school km		
social circumstances		
Eligibility for <i>courtesy transportation</i> is subject to all the following conditions:		
$\checkmark$ there is available space on an existing bus route		
$\checkmark$ student boards the bus at an existing route and bus stop location		
$\checkmark$ permission to ride the bus may be withdrawn at any time		
$\checkmark$ permission is granted for the current school year or less		
✓ student time on bus will not normally exceed 60 minutes		
$\checkmark$ no additional cost will be incurred by the Board		
$\checkmark$ implemented in October at the earliest		

I/We confirm the above information, agree to the above conditions, and understand that the school Principal has the right to remove my child from *courtesy transportation* upon 48 hours notice. Should this occur, I/we will assume all responsibility for ensuring my child's safe arrival and departure from school.

Parent/Guardian Signature	Date	
***************************************		
Courtesy Transportation from to	Approved Not Approved	
Principal's Signature	Date	

Code of Conduct form to be completed and on file in school office.

In the event of an emergency, the school Principal will contact the families of those to whom *courtesy transportation* service has been extended.