APPLICATION FOR COURTESY TRANSPORTATION

Designated School:	School Use Only
Student Name:	Bus Route #:
Home Address/Location:	Vehicle Loading: Eligible Students
	I I adam Daliana
	Potential Empty Seats:
Check applicable allocation criteria:	
medical conditions	Please explain briefly, in the space provided, why
□ student's age (youngest first)	courtesy transportation is being requested.
□ traffic/environmental concerns	
distance from school km	
 social circumstances 	
Eligibility for <i>courtesy transportation</i> is subject to all the	e following conditions:
✓ there is available space on an existing bus route	
✓ student boards the bus at an existing route and bus stop location	
✓ permission to ride the bus may be withdrawn at any time	
✓ permission is granted for the current school year or less	
✓ student time on bus will not normally exceed 60 minutes	
✓ no additional cost will be incurred by the Board	
✓ implemented in October at the earliest	
I/We confirm the above information, agree to the above of the right to remove my child from <i>courtesy transportatio</i> assume all responsibility for ensuring my child's safe arri	n upon 48 hours notice. Should this occur, I/we will
Parent/Guardian Signature	Date
**************	**************
Courtesy Transportation from to date	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.