

Courtesy Seat Request Form

FOR CO	MPLETION BY PARE	NT/LEGAL	GUARDIAN	N:		
School:				Date	e:	
Student 1	:		Gr	ade:	DOB:	Homeroom:
Student 2	:		Gr	ade:	DOB:	Homeroom:
Student 3	:		Gr	ade:	DOB:	Homeroom:
Parent/Le	gal Guardian: 1				2	
CIVIC ADI	ORESS - Street #:	Street	Name:		Comi	munity:
Current b	us route assigned to bas	ddress:		(if eligible)		
NOTE: a s		_				use of Health guidance (i.e be considered if it complie
Courtesy	Seat Request on Bus Ro	ute #	AM E	Bus Stop:		
			РМ В	us Stop:		
by the sch	seat(s) as defined by the	Newfoundla approval can ing circumsta	nd and Labra be rescinded ances at the d	dor Englis at any ti liscretion	sh School District. I me (1 weeks notice of the District.) (indicated above) avail of a understand that, if approved e) if the seat(s) is required fo
	HOOL COMPLETION		O _f	perator: _		_
Student:			Approved:		Not Approved:	
otauciit.	Route:					
Student:						
Judeni.	Route:					
Student:						
	Route:	Bus Stop:				
School Ad	ministrator Signature: _				Date	:
=	/ED, a copy of this section	on ONLY mus	t be distribute	ed to Con	tractor/Regional N	lanager with a minimum 2