

Courtesy Seat Request Form

FOR COMPLETION BY PARENT/LEGAL GUARDIAN:

School: _____ Date: _____

Student 1: _____ Grade: _____ DOB: _____ Homeroom: _____

Student 2: _____ Grade: _____ DOB: _____ Homeroom: _____

Student 3: _____ Grade: _____ DOB: _____ Homeroom: _____

Parent/Legal Guardian: 1. _____ 2. _____

CIVIC ADDRESS - Street #: _____ Street Name: _____ Community: _____

Current bus route assigned to based on civic address: _____ (if eligible)

COURTESY SEAT REQUEST:

NOTE: a student can only avail of a single bus route for the entire school year because of Health guidance (i.e. same route in the AM, PM, 5 days per week). Therefore, a courtesy request will only be considered if it complies with this requirement.

Courtesy Seat Request on Bus Route # _____ AM Bus Stop: _____

PM Bus Stop: _____

Any request that is approved will be permanent for the entire school year unless rescinded as noted below.

Rational for Request:

I, _____ wish to have my custodial child(ren) (indicated above) avail of a courtesy seat(s) as defined by the Newfoundland and Labrador English School District. I understand that, if approved by the school administrator, this approval can be rescinded at any time (1 weeks notice) if the seat(s) is required for an eligible student or in extenuating circumstances at the discretion of the District.

Parent/Legal Guardian Signature: _____

FOR SCHOOL COMPLETION ONLY:

School: _____ Operator: _____

Student: _____ Approved: Not Approved:

Route: _____ Bus Stop: _____

Student: _____ Approved: Not Approved:

Route: _____ Bus Stop: _____

Student: _____ Approved: Not Approved:

Route: _____ Bus Stop: _____

School Administrator Signature: _____ Date: _____

If APPROVED, a copy of this section ONLY must be distributed to Contractor/Regional Manager with a minimum 2 working days notice