Where bus routes have been established and there is available space on a bus, students who are not eligible for transportation, may apply for permission to ride the bus.

## School Name:

## Courtesy Transportation is subject to the following conditions:

- From the first day of school to the end of September, only eligible students will be permitted to ride.
- The School Principal has confirmed the route(s) have an available seat and supports the request.
- Students receiving approval must access the bus at an existing bus stop location. No route changes will be made and NO NEW STOPS WILL BE ADDED.
- Permission to ride the bus may be withdrawn at ANY time if the seat is required by an eligible rider.
- Riding privileges will be withdrawn for the remainder of the school year for acts of misconduct.
- The applications and approvals are for the current school year only.
- No additional cost will be incurred by the Board.
- For this purpose only, acceptable loads on a bus rated at 72 passengers will be:

| JK to Grade 8-55 students (maximum) Grade 9 to 12-42 students (maximum) |  |  |  |
| :---: | :---: | :---: | :---: |
| PARENT/GUARDIAN |  |  |  |
| If the closest stop is outside of my community, I am willing to drive to/from an existing bus stop outside of my community YES $\square$ NO $\square$ |  |  |  |
| Student Name(s) - please print | Grade | Parent/Guardian Contact Number(s): | Priority Level |
|  |  | Home: |  |
|  |  | Work: |  |
|  |  | Cell: |  |
| Requested Transportation Address (REQUIRED for assignment to bus stop): | Parent/Guardian Email: |  |  |

I understand and agree to the conditions for Courtesy Transportation and understand I am solely responsible for my child's safety and conduct to/from and at the bus stop. In addition, I understand the school Principal or Halton Student Transportation Services has the right to remove my child from courtesy transportation upon 24 hours' notice. Should this occur, I will assume all responsibility to ensure my child's safe arrival and departure to/from school.

## PARENT/GUARDIAN SIGNATURE <br> DATE

SCHOOL USE ONLY

|  | Route Number | Student Count | Stop Location |
| :--- | :--- | :--- | :--- |
| Morning (AM): |  |  |  |
| Afternoon (PM): |  |  |  |
| Student Count Date: |  | Start Date: |  |

I have confirmed there is seat availability on the requested vehicle(s) and request Halton Student Transportation assign the student(s) accordingly.

