



SCHOOL BUS CONTRACTOR
OPERATOR'S CHILD(REN) ON BUS REQUEST

Having your child(ren) on the bus with you is a privilege that must not interfere with your commitment to the safety of the students and your ability to provide a high level of service to the students riding the bus you are operating. In order to gain authorization for your child to accompany you on your bus route, you must comply with the following conditions. Your signature on this document indicates that you have read and fully understand the conditions.

1. Your child(ren) must be at least 6 months of age.
2. There is a maximum of two preschool children allowed.
3. If, due to the age and weight of your child(ren), it is necessary to secure your child(ren) in a child seating assembly, such seating assembly shall:
 - a. Meet the requirements of the Highway Traffic Act,
 - b. Be provided by the bus operator at no cost to the board,
 - c. Be secured by a strapping system installed by the contractor. Wherever or whenever it is not possible to install the strap device, the authorization contained in this document is revoked.
4. Your child(ren) cannot occupy a seat required by a pupil who is regularly transported on the bus.
5. Your child(ren) must follow all the rules of conduct for students as set out by school board policy.
6. Your child(ren) must not interfere with your ability to perform your duties as a bus driver.
7. Your child(ren) must not interfere with other students on the bus.
8. You must notify all parents on your route that you will be transporting your child with you on the bus.

This request is for:

Child #1 Name: _____ Age: ____/____/____
Month / Day / Year

Child #2 Name: _____ Age: ____/____/____
Month / Day / Year

I have read and agree to abide by the conditions, I understand that the permission from _____
School Bus Contractor

for my child(ren) to accompany me on the bus while transporting students may be withdrawn at the discretion of _____
School Bus Contractor or at any time if the Director of Transportation for Elk Island Public Schools makes a request for a withdrawal of the privilege.

Driver's Name _____ Bus Route # _____

Signature _____ Date _____

Contractor Approval _____

Submitted to EIPS Student Transportation _____
Signature of Director of Transportation Date

