



REQUEST FOR COURTESY SEAT RIDERSHIP

Please forward to the school secretary

Name of student: _____

Gender : female male

Date of Birth (day/month/year): _____

Weight (For preschool request only)

**Must be at least 4 and half years old*

**Must weight at least 40 Lbs /18,15kg: _____*

Name of School: _____

Grade: _____

Parent/Guardian (First and last) Name: _____

Home Address: _____

City: _____ Postal Code: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Reason For Request: _____

Service is needed for: Daily Monday Tuesday Wednesday Thursday Friday

I understand, acknowledge and accept the following:

1. If granted, this Courtesy seat is only valid for the current school year and can only be granted if there are available seats on an existing bus route and I live outside the walk limit of the school my child attends.
2. The distance and itinerary of a route will not be altered in order to provide a courtesy seat.
3. While riding the bus, my child is under the authority of the bus driver and must comply with the safety rules in effect at that time.
4. The student must be at the bus stop 5 minutes before the scheduled pick up time.
5. By accepting this service we do not become entitled to it.
6. If changes in enrolment within the CSF were to require adjustments to the transportation system, my child could lose the courtesy seat.
7. I am responsible for my child safety, in the morning before boarding the school bus and when leaving the bus after school.

Parent/Guardian Signature: _____ Date: _____

CONSEIL SCOLAIRE FRANCOPHONE DE LA COLOMBIE-BRITANNIQUE (SD No.93)

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