

STUDENT TRANSPORTATION OF PEEL REGION

STOPR

TFL004

COURTESY SEAT APPLICATION

Student Name: _____	Grade: _____
School Name: _____	School Year: ____ - ____
Parent/Guardian Name: _____	Ph# : (____) _____
Home Address: _____	

We, the undersigned, acknowledge that the above named is ineligible for school bus transportation according to STOPR procedure. We further acknowledge that transportation for this student is provided only because vacant seats currently exist on the school bus appropriate to this student.

We understand and agree that bus privileges may be removed at any time as the result of increased seating requirements for eligible transportation students. We further understand and agree that transportation privileges, on this basis, are extended on a temporary basis only, subject to seating availability for eligible students and that students taking advantage of this privilege must utilize existing bus stop locations only.

Transportation privileges extended as per this acknowledgement form will expire no later than June 30th, of the current school year.

Signature of Parent/Guardian: _____ Date: _____

Once completed, please forward the application directly to your school.

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

I have received the information regarding the Courtesy Seat policy for students.

This application for transportation has been: **Approved** **Not Approved**

The above student has been authorized to ride the school bus as noted above effective: _____

Please allow three days for processing

Signature of School Principal: _____ Date: _____