

EMPTY SEAT STUDENT TRANSPORTATION REQUEST FORM

Empty Seats/Courtesy seats are made available if there is space on an existing bus run. They are administered through an application process. Requests for empty seat transportation must be submitted to the school, by the parent/guardian each year using the Empty Seat Transportation Request Form. Requests will be received by the school starting May 1st, however are assessed in October, once all eligible students are assigned and operational issues are resolved.

Please Print:

Student (first) name _____ Student (Last) name _____ Gr. ____

Parent/Guardian name _____

Home Address _____

Contact Number _____

Check applicable criteria:
 Student age ____ Distance from home ____ Family circumstances ____

Explain briefly in this space provided, why empty seat transportation is being requested.

Eligibility for empty seat transportation is subject to all of the following conditions:

1. A seat is available on the bus.
2. The child will utilize an existing stop on an existing bus run.
3. Permission may be granted for the current school year or less.
4. Permission to ride the bus may be withdrawn at any time, upon 48 hours notice.
5. May be implemented by October at the earliest.
6. Parent/Guardian has read and agrees to the ST.02 Student Conduct on School Buses - PROCEDURE

I/we agree to the above eligibility conditions and understand that the School Principal has the authority to remove my child from empty seat transportation upon 48 hours notice. Should this occur, I/we will assume all responsibility for ensuring my child's safe arrival and departure to and from school.

Parent/Guardian signature _____ Date _____

Once completed, please submit the application to the School for their consideration.

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

Bus Route #	Vehicle Loading:	Eligible Students:	Potential Empty Seats:
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This empty seat application has been: **Approved:** _____ **Not Approved:** _____

The child above has been authorized to ride the school bus effective _____

Please submit to HWSTS and allow three days for processing.

Signature of School Principal _____ Date: _____

***Application is for the current school year only. Parents/Guardians must re-apply annually**