



Request for Booster or Car Seat

Parent or School to Complete

Name of Student: _____ Home Phone: (____) _____

Name of Parent or Guardian: _____ Work Phone: (____) _____

Student's Home Address: _____

Municipality/Township: _____ Postal Code: _____

School Name: _____ Grade: _____

Birth Date: (m) _____ (d) _____ (y) _____ Age: (in years) _____

Weight: _____ kg. /lbs. Height: _____ ft. _____ in. /cm.

Equipment Requested: Booster Seat Child Seat Other (specify) _____

Note:

If a student is assigned to a route operated by a taxi company the parent/guardian and school staff are responsible to install/remove the equipment from the vehicle at the start/end of the trip. Parents/guardians and school staff are also responsible to buckle the student into position.

If a student is assigned to a route operated by a bus company the driver/company is responsible to install the equipment into the vehicle. The parents/guardians and school staff are responsible to buckle the student into position. The equipment remains the possession of Service de transport de Wellington – Dufferin Student Transportation Services and is expected to be returned in good condition after use.

 (signature of parent or school administrator)

 (date)

For Office Use

Service de transport de Wellington – Dufferin Student Transportation Services to Complete

Booster Seat No.: _____ Car Seat No.: _____

Date Equipment Issued into Service: (m) _____ (d) _____ (y) _____

Date Equipment Due to be Returned: (m) _____ (d) _____ (y) _____

Route No. _____ Bus/Taxi Operator: _____