



student
transportation services
service de transport scolaire

Brant Haldimand Norfolk

349 Erie Avenue Brantford, ON, N3T 5V3
Phone: 519-751-7532 Toll Free: 1-877-226-6353 Fax: 519-751-1536
www.stsbhn.ca

TF019

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 Harness 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 Student Transportation Services of Brant Haldimand Norfolk and is expected to be returned in good condition after use.

(signature of parent or school administrator)

(date)

For Office Use

Student Transportation Services of Brant Haldimand Norfolk to Complete

Booster Seat No.: _____ Harness No.: _____

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

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

Route No. _____ Bus/Taxi Operator: _____