

PINELLAS COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT
NOTIFICATION OF CHILD SAFETY RESTRAINT USE

Dear Parent:

___ For reasons of safety, it is required that your PK child use a child restraint while riding on a school bus. This would include any time your student rides the bus.

___ For reasons of safety, an IEP or 504 team has met and recommended a safety restraint for your child while riding the school bus.

Please sign the section below to indicate acknowledgement of this notification and return the letter to your child's school.

If your child changes schools, a new waiver must be completed and submitted to the school.

If you have any questions or concerns, please do not hesitate to contact the school.

.....

VALID FOR THE CURRENT SCHOOL YEAR ONLY: Date _____

NAME OF STUDENT _____ Weight _____

ESE PROGRAM _____ BUS ROUTE _____

PRESENT SCHOOL _____

CARSEAT HARNESS

I have read the above and acknowledge receipt of this notification.

SIGNATURE OF PARENT _____ DATE _____

COMMENT: _____
