



**EMERGENCY TRANSPORTATION PASS**

School: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yyyy)

Route #: \_\_\_\_\_ Transportation Operator: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

A.M. Pick Up Location: \_\_\_\_\_

P.M. Drop Off Location: \_\_\_\_\_

Verified with RCJTC:  Available Space  Existing Designated Stop

School Authorization: \_\_\_\_\_

DISTRIBUTION: To be retained by the Transportation Operator and returned to school monthly.

**“SAFETY REQUIRES THAT PUPILS OBEY THE TRANSPORTATION RULES”**

Copies: White – Driver/Transportation Operator; Canary – School