

Transportation – Parent Acknowledgment and Attestation Form

It is the intent of Rowan Salisbury School System to provide safe and effective transportation services for all students assigned to ride a school bus. The following information is being provided to parents that are requesting transportation service for the 2020/2021 school year.

- Although Transportation will be offered to students, Parents are strongly encouraged to find alternative modes of Transportation. This is due to a maximum of 24 students per bus and the additional routes that will now be necessary in order to get students to and from school each day.
- RSSS will require face coverings for all student riders that are able to wear them; it is possible that there will be a student(s) on the bus that will not be able to wear a face covering due to a qualified exception. By signing up for bus transportation service, I understand that, although my child(ren) will not sit in the same seat with nonfamily members, there may be a student without a face covering on the same bus.
- Students will be required to sit one to a seat on the bus. Siblings may sit together if assigned by the Principal/Transportation Staff
- Temperature checks and other COVID-19 screening activities will occur at the school, not at the bus stop.
- School buses will be cleaned between each route in mornings and afternoons.
- I understand that I will be responsible for picking up my child in a timely manner if she/he becomes sick while at school. Parents should make alternative arrangements now in case they are not available for pickup (family members, friends, neighbors, etc.). Children will not be allowed to stay at school if they are sick.

NOTE: THESE STRATEGIES WILL REMAIN IN EFFECT THRU JUNE 30, 2021.

By signing up my child for school bus transportation service for the 2020-2021 school year, I accept the above risks and protocols. I also agree to take my child's temperature daily before putting my child on the bus and agree to keep my child home if they have a fever, have had close contact in the last 14 days with someone diagnosed with COVID-19, or have any of the following symptoms: chills, shortness of breath or difficulty breathing, new cough, new loss of taste or smell.

Student's Name _____ School _____

Parent's Signature _____ Date _____