Parent/ Guardian School Bus Transportation Agreement & Attestation

	Wake County Public School System will provide
	rticipating in in-person instruction. As a condition of using
transportation provided by the wake	County Public School System, you agree to the following:
1. I, , a	am the parent/ guardian of
(Print Your Name)	(Print Student Name)
and I want my child to use transporta	tion provided by the Wake County Public School System.
My student's Student ID number is: _	
2. I will screen my student every mor	ning, every day, for the 2020-21 school year.
3. I will not allow my student to ride the following is true:	he bus or attend school in person on any day that any of
 They have been diagnosed with 0 They have had close contact – w with a person diagnosed with COVID They have any of the following sy Fever (100.4 or higher) or chi New cough; Shortness of breath or difficult New loss of taste or smell. 	ithin six feet for at least 15 minutes – in the last 14 days 0-19; ymptoms: lls;
4. If, on any day, my student has any my student's school and will follow W	of the symptoms or conditions listed above, I will inform I/CPSS Return to School guidelines.
5. My student will wear a face covering keeping it over their nose and mouth	ng at all times while on the bus and at the bus stop,
	on form must be on record with my student's school in for the 2020-2021 school year. My student will not be able record at their school.
	n, I attest that I will monitor my student, and I will not allow school in person if they have any of the above symptoms ee covering guidelines.
Parent/ Guardian Signature	Date
Parent/ Guardian Name Printed	