



PAID YARD SERVICE APPLICATION/WAIVER FORM
(For School Bus Service on Private Property)

1041 – 10A Street
Wainwright, Alberta T9W 2R4

Fax: (780) 842-3255
Email: transportation@btps.ca
Phone: (780) 806-2052 or (780) 806-2054

Name of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

Legal Land Description: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

We request that Buffalo Trail Public Schools consider paid yard service for the following students:

Table with 3 columns: NAME OF STUDENT(S), GRADE, SCHOOL. Multiple empty rows for student information.

Parent/Guardian Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

The Board retains the right to review and change the conditions on an ongoing basis. Please contact your local County or Municipal District for their snow plow and grading policies and procedures.

Paid Yard Service will begin when the application and agreement/waiver form is approved and fees are paid. Forms are to be submitted to your bus contractor/driver for completion and they will return it to the transportation office.

PAID YARD SERVICE WILL ONLY BE OFFERED IF PRIVATE ROAD IS MAINTAINED (GRADED AND PLOWED) AND A SUFFICIENT TURNAROUND IS PROVIDED. BTPS HAS THE RIGHT TO REFUSE SERVICE IF PRIVATE ROAD IS NOT MAINTAINED.

Table with 4 columns: SERVICE REQUESTED BY PARENT, Parents please complete and sign yellow areas, Up to 1.5 km, Over 1.5 km. Includes checkboxes for Year Round Service and Part Time Service with associated fees.

Parent Signature \_\_\_\_\_

PAID YARD SERVICE AGREEMENT/WAIVER FORM

I/We, \_\_\_\_\_ and \_\_\_\_\_, acknowledge that we are the owner(s)
of the property hereinafter described: \_\_\_\_\_
(Legal Land Description or Physical Address)

(BOX) (TOWN) (PROVINCE) (POSTAL CODE)

PLEASE REVIEW AND SIGN THE AGREEMENT FORM ON THE FOLLOWING PAGE

See Over ->

I/We, acknowledge that we have granted permission to the Board to operate a school bus or school busses on our property for the purpose of pick-up/drop off child(ren) who are students in the Buffalo Trail Public Schools division.

**WHEREAS** the Parent/Guardian has requested that the board provide School Bus Yard Service to the above noted Legal Land Description upon the terms and subject to the conditions herein stated.

**WITNESSESD** that the Parent/Guardian/Owner agree as follows:

1. To sign the Paid Yard Service Agreement/Waiver form on a yearly basis;
2. To ensure that the private road is developed and maintained to a standard to accommodate regular and safe school bus travel;
3. To ensure that a proper turnaround (free from debris or obstacles) exists;
4. To ensure that Texas Gates are smooth to travel over and are properly maintained;
5. Failure to maintain the road and turnaround in an acceptable condition can result in withdrawal of service;
6. To agree to pay in advance.

**IN CONSIDERATION** of the Agreement of the Board to transport the forenamed child(ren), we/I agree to indemnify and to save harmless Buffalo Trail Public Schools, its agents (contractors/drivers), administrators, and employees from and against all claims, demands, losses, costs, damages, actions, and causes of action of any nature whatsoever arising out of any act or omission, in relation to any damage to the real property described herein or any chattels or personal property on the said real property, if any of such damages arise from the operation of any matter related to operation of the said school bus or school busses.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner if different from Parent/Guardian

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**SERVICE SUPPORTED BY CONTRACTOR: Contractors please complete.**

Bus Route Number: \_\_\_\_\_ Bus Contractor/Driver: \_\_\_\_\_ Phone: \_\_\_\_\_

**Distance from Gate to House/Turn around location per Trip: \_\_\_\_\_ KM Time Required for Yard Service: \_\_\_\_\_ MIN**

Does the **First** Pick Up on your route ride longer than 75 minutes  YES  NO

What is the time of the **First** Pickup on the route: Regular Days \_\_\_\_\_ ECS Days \_\_\_\_\_ Arrival Time at First School: \_\_\_\_\_

**Please make sure you are giving us the time of the first pick up on the bus route, not the time at this person's stop.**

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I support this request  YES  NO If no, please complete the concerns below:

**Contractor Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contractor Signature** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Approved:  Denied:  by \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into TLS  \_\_\_\_\_ Entered into Fee Spreadsheet  \_\_\_\_\_ Board

**Motion # if appealed:** \_\_\_\_\_ **Approved:**  **Denied:**  **Date:** \_\_\_\_\_

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