### THE NEW YORK CITY DEPARTMENT OF EDUCATION

OFFICE OF PUPIL TRANSPORTATION 44-36 Vernon Boulevard Long Island City, N.Y. 11101

# **CERTIFICATION OF PERFORMANCE** SCHOOL BUS SAFETY DRILLS

### **General Instructions:**

- 1. Print or type all information.
- 2. Principal's name and signature must be entered on the form for it to be valid.
- 3. Retain one copy of form for school files and submit one copy to the contractor after each drill.
- 4. Drills must be held during the following periods:

1<sup>st</sup> Drill – Within the first 5 days of school 2<sup>nd</sup> Drill – Between 11/1 and 12/31

3<sup>rd</sup> Drill – Between 3/1 and 4/30

CERTIFICATION				
School Name/Number		Distric	Date	
School Address	City	State	Zip	
Check the box below that identifies those students who participated in the drill.  Only those students that are transported to school on a school bus participated in the drill.  All students participated in the drill.  Students that are not transported by school bus were given classroom instruction.  Buses used for drill: Enter Company Name and Vehicle Number.				
Company Name	Vehicle	Cilicic I vuilloci.	Company Name	Vehicle
K v			<b>X V</b>	
		<del> </del>		
COMMENTS:				
I hereby certify that a school bus safety drill or instruction, as required by Section 156.3 of the Regulations of the Commissioner of Education, was conducted at the above school on this date.				
Name of Principal – Please				
Signature of Principal		Date		

# Accessibility Report

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