



North East Independent School District

10333 BROADWAY - SAN ANTONIO, TEXAS 78217

Department of Transportation

MEMO TO: Parents of _____

FROM: Special Needs Transportation Supervisor

SUBJ: Use of Safety Vest

DATE: ____/____/____

After consulting with the campus coordinator at your child's school, we believe that a safety vest will improve the safety of your child during the bus ride. EZ-On Products, Inc. of Florida makes the safety vest that the North East ISD Transportation Department uses.

We are requesting permission from you to utilize the safety vest with your student. The safety vest does allow limited movement of your child, however it will help your student to remain in the safest position for transport – sitting upright in the bus seat.

If you have any questions or concerns, feel free to contact the Special Needs Transportation Office at (210) 657-8815.

Thank you for helping us to provide the safest transportation situation available.

I _____ give the North East ISD Transportation Department
PRINT PARENT'S NAME

permission to use a safety vest for _____
PRINT STUDENT'S NAME

My child attends _____
CHILD'S SCHOOL

PARENT SIGNATURE

_____/_____/_____
DATE