

**NYS SCHOOL BUS DRIVER OR MONITOR/ATTENDANT
HEROISM AWARD FORM**

Directions: Please provide the following information concerning the possible recognition of a school bus driver or attendant for outstanding or heroic service during the course of his/her duties. To ensure this document is decipherable, please type requested information.

Driver's or attendant's name: _____

Where employed: _____

Date of event: _____ Time of event: _____

Describe (in as much detail as possible) what happened, and especially how the driver's or attendant's actions helped protect children from harm:

Name and daytime phone (including area code) of person submitting this form:

Name: _____

Phone: (____) _____

Note: Include any newspaper articles, letters from other parties, video clips, or any other materials about the event for which you would like the individual to be recognized.

Send all materials by June 15th to:

Pupil Transportation Safety Institute
10 Adler Drive, Suite 102, East Syracuse, NY 13057
Questions? Call 800-836-2210