



New Hanover County Schools  
*Engaging Students, Achieving Excellence*

**Bus Transportation Guidelines for the 2020-21 School Year**  
**Published September 25, 2020**

To promote social distancing, no more than one student will be seated on a school bus seat at a time. Exceptions can be made for family members. To account for this reduction in bus capacity, families should expect limited seating, enforcing safe walk zones, and combining individual bus stops to fewer community stops. All K-12 students riding a bus must wear a face covering. If a student does not have a face covering, one will be provided. Hand sanitizer will be available on all school transportation vehicles for safe use by employees and older children. Touch points, including doors and windows, grab handles, arm rests, hard seats, door handles, and seat belt buckles, will be cleaned and disinfected between each bus run with an EPA-approved disinfectant for SARS-CoV-2, the virus that causes COVID-19. Every bus will be cleaned between morning and afternoon runs and at the end of each day.

Families will be required to complete and submit a Parent/Guardian Attestation form before utilizing bus transportation services. The attestation form is attached. It will be available at schools and at <https://www.nhcs.net/nhcsreadysetreturn>. Health officials advise that screening children at home every day should reduce students' risk of exposure to illness while riding the bus.

The Parent/Guardian Attestation form may be submitted to *bus.attestation@nhcs.net*, or to your student's school. Every student must have this attestation form on file before utilizing bus transportation services. Student's without an attestation form on file will not be permitted to board the school bus.

After arriving at school, all bus riders will be asked the symptom screening checklist questions and have their temperature taken before being allowed to enter the building. For students with limited communication or more extensive needs, screening will include dialogue with a parent or adult caregiver.

**NHCS School Bus Transportation  
Parent/Guardian Attestation Form  
2020-21 School Year**

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 12 (Please Circle)

The Parent/Guardian shall each day before utilizing school bus transportation conduct the following symptom screening for their student.

1. Has your student had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you or your student and advised you to quarantine?

If yes, your student should not be at school, and may not utilize school bus transportation. If no, your student may be at school and utilize school bus transportation.

2. Does your student have any of these symptoms: Fever, Chills, Shortness of Breath, New Cough, Loss of Taste or Smell? If your student has any of these symptoms, they should not be at school, and may not utilize school bus transportation. Your student should stay home, stay away from other people, and you should contact your student's health care provider.
3. Since they were last at school, has your student been diagnosed with COVID-19? If your student has been diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has symptoms, they should not be at school, they may not utilize school bus transportation, and should stay at home until they meet the criteria below.

A student can return to school and utilize school bus transportation when a family member can ensure that they can answer YES to ALL three questions:

- Has it been at least 10 days since the student first had symptoms?
- Has it been 24 hours since the students had a fever (without using fever reducing medicine)?
- Has it been 24 hours since the student's symptoms have improved, including cough and shortness of breath?

I attest that as the legal parent or guardian of the student listed above, I shall perform the daily symptom screening above and follow the guidelines provided to determine if my student can attend school and utilize school bus transportation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_