

**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 17<sup>th</sup> to:**  
  
Pupil Transportation Safety Institute  
10 Adler Drive, Suite 102, East Syracuse, NY 13057  
Questions? Call 800-836-2210