



Pupil Transportation Branch, Michael Dresch, Director

* P.O. Box 5381 * Cincinnati, OH 45201-5381 * Phone: 513-363-0330 * Fax: 513-363-0325

REQUEST FOR REINSTATEMENT OF SERVICE

2009-2010 School Year

Parents/Guardians of students removed from the transportation roster due to lack of regular use will be reinstated for school bus service upon submission of this form. Service will be restored, if the student continues to meet the eligibility standards for such service, immediately if an active bus stop can be assigned or not later than the next scheduled re-route. Re-routes are scheduled every other Tuesday AM.

Parents/Guardians will be notified of the reinstatement date either by the school or by the regular postcard notification process. Service cannot begin until such notification has been provided to the parent/guardian by the school or the Pupil Transportation Branch.

Transportation information, including timelines, policies and procedures are available on the CPS Web Page:

<http://www.cps-k12.org/general/general.html>

SCHOOL NAME: _____ SCHOOL NO: _____

NAME OF STUDENT(S) REQUESTING TRANSPORTATION BUS SERVICE <i>(LAST, FIRST, MIDDLE INITIAL)(PLEASE PRINT OR TYPE)</i>	AM Service	PM Service	STUDENT ID

HOME ADDRESS: _____ APT#: _____ ZIP CODE: _____

PHONE: (Home) _____

(Changes to home address or telephone cannot be accepted on this form, they must be submitted to the school of attendance.)

Parent / Guardian Signature Required

I have read, understand and will comply with the policies pertaining to this request for reinstatement of transportation service. By requesting reinstatement of transportation service, I am committing that my children will use the service on a regular basis in both the AM and PM. I understand that transportation service will be removed when not used on a regular AM and PM basis.

Parent/Guardian Signature (Mandatory)

Date of Request

FOR CPS TRANSPORTATION OFFICE USE ONLY

Date request for reinstatement of service processed: _____ Processed By: _____

Date reinstatement of transportation service will begin: _____

**Send request form to: First Student, 100 Hamilton Blvd., Arlington Heights, OH 45215.
Fax 513 672-0694, Phone 761-6100**