



Pupil Transportation Branch, Michael Dresch, Director

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Space Available Request Form – (2009-2010 School Year)

Students ineligible for school bus service may request service on existing routes under the following conditions:

1. An active bus stop for their school of attendance is available within ½ mile of their home and the student will not be required to cross a 4 lane street to reach the bus stop.
2. There are seats available on the bus.
3. New stops will not be added.
4. Service is deemed temporary and approval ends with each school year. Must request each year.
5. Service is not guaranteed and approval will be revoked, with little notice, if seats are required for eligible students.
6. Service cannot begin until routes have stabilized each fall (after September 16).
7. The space available service may be based on a child care location.

The policies and review procedures for each request type are available at all schools receiving CPS transportation service and on the CPS Web Page: <http://www.cps-k12.org/general/transportation/transportation.htm>

School Session: Summer School -2009 _____ Regular School Year: _____ Summer School -2010 _____

School of Attendance: _____ **School #:** _____

Student Name(s) (Last/First) _____ **Grade** _____

1 _____

2 _____

3 _____

Space Available Request (Complete the Day Care information if “Space Available” is requested from an address other than the home address):

Home Address : _____

Name of Day Care Provider: _____ **Phone:** _____

Address of Day Care Provider: _____

Please Check Options Below: _____ **Requested Start Date:** _____

AM Pickup: No AM Service _____ Closest Stop to Home _____ Closest Stop to Day Care Location _____

PM Pickup: No PM Service _____ Closest Stop to Home _____ Closest Stop to Day Care Location _____

As parent/legal guardian of the above noted child(ren), I request the changes to my child(s) transportation arrangements. I have read, understand and will comply with the policies pertaining to the requests being made:

Signature of Parent/Guardian Required Phone _____ Date: _____

Send request form to child’s school of attendance. Form can be mailed or faxed to First Student, 100 Hamilton Blvd., Arlington Heights, OH 45215. Fax 513 672-0694, Phone 761-6100