



Pupil Transportation Branch, John Davis, Director

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

Deviated - Childcare Request Form – (2014-2015 School Year)

1. The requested stop locations must be the same everyday, Monday through Friday. Requests for different stop locations on different days of the week will not be approved. It is possible to have different stop locations in the AM and PM. *(In cases of court approved Joint Child Custody – requests for different stop locations on different days will be considered.)*
2. Both the home and the requested (day care) stop location must be within the attendance boundary of the school of attendance and be located at least one mile from the school of attendance.
3. There is a Board Approved Stop appropriate for the requested stop location, and that stop is either on the route, or not more than one-half mile from the current travel path of the bus. No new Board Approved bus stops will be added for this purpose.
4. Approved Deviated Service will be continued from one school year to the next and does not require additional requests.
5. The bus must have available seats for students to be added for this purpose. No additional bus routes will be added to serve the requested stop locations. Stops will not be approved for the route if a reduction in route linkage would occur with additional cost incurred.
6. A change in Child Care stop location will not be processed more frequently than once per quarter or four times a school year.
7. Requests for Child Care stop locations for students with Special Needs (*Curb-to-Curb Service*) that require Transportation as a Related Service by their IEP may be approved at daycare locations at other than designated Board Approved Stops, if all other requirements are met.
8. To discontinue a previously approved Deviated Stop, enter an ending date on the space provided.

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/parents-students/transportation>.

School Session: Summer School-2014 _____ Regular School Year: _____ Summer School-2015 _____

School of Attendance: _____ School #: _____

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

1 _____

2 _____

3 _____

Home Address: _____

Stop Date for Deviated Request Previously Approved: _____

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

Reason for Request: _____

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:

Phone _____ Date: _____

Signature of Parent/Guardian Required

Send request form to child's school of attendance, or mail or fax directly to First Student, 100 Hamilton Blvd., Arlington Heights, OH 45215. Fax 513 672-0694, Phone 513 830-7720