



Yellow Bus Changing Service Pupil Transportation Request 2018-2019 School Year

Office of Transportation Services

Phone: 513-363-0330 · Fax: 513-363-0325

Student's Information

Student Name: _____ Parent or Guardian: _____
Student ID: _____ School of Attendance: _____
Home Address: _____ Phone No: _____

Parents/Guardians are responsible for students' safety between homes and the bus stops.

*****When a family moves, it is critical that the family's new address be given to the child's School to ensure changes to bus service are updated. The Pupil Transportation Branch or Bus Carriers are unable to perform this task.*****

Deviated Childcare Request Requested Start Date: _____

Please complete if your child attends a daycare provider before/after school. 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 stops in addition to Board Approved Stops, if all other safety requirements are met. **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 requested must be within one-half mile from the current travel path of the bus.*****

****A CHANGE IN STOP LOCATION WILL NOT BE PROCESSED MORE FREQUENTLY THAN ONCE PER QUARTER OR FOUR TIMES A SCHOOL YEAR. ****

Name of Day Care Provider: _____ Phone: _____

Address of Day Care Provider: _____

PLEASE SPECIFY BOTH AM AND PM SERVICE PREFERENCES:

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

PM Drop-off: No PM Service Needed _____ Closest Stop to Home _____ Closest Stop to Day Care Location _____

Change in Stop Request Requested Start Date: _____

Please complete if you would like to request a different **board approved stop that is within one-half mile** from the student's current stop and will not require student to cross a 4 lane roadway. New **Board Approved** bus stops for this purpose will not be created. **Curb to Curb stops will not be honored unless the child qualifies for this service.**

AM/PM Stop Requested: _____

Reason for Request: _____

Parents/Guardians will be notified of approval 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 Office. **This form will remain on file and function as a general permission form for the changes indicated or until rescinded in writing by a parent or guardian.**

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>.

Email completed form to transform@cps-k12.org or Fax to 513-363-0325 or return to your child's school.

Date: _____ Signature of Parent or Guardian: _____