

“BLUE FORM”

Chicago Public Schools - Bureau of Student Transportation Services
Day/Child Care Bus Stop Change Request (Special Education Students Only)
School Year 2011-2012

This form is available for a parent/guardian of a special education student to request a different bus stop location based on the location of a day/child care facility. Return the completed form by **June 3, 2011**, to the school office as part of the “Application for Bus Service”. This form is not applicable for summer school bus service. The principal will review the form for completeness and accuracy and forward it to the Bureau of Student Transportation Services (BSTS) for review. After the review is completed, the school will be notified in writing of the decision and the school staff will notify parents of the outcome of the request. If approved, the stop location will become permanent and a new form will not be required to be completed unless there is a change in the home address, day/child care address, or if the student transfers to another school. If the home address changes, the school must change the address in the Demographics Section in IMPACT/SIM and submit a new Day/Child Care Bus Stop Change Request. The BSTS will update the transportation request in IMPACT/SIM based on approval or denial of the form.

Policy

1. Special education students eligible for bus service and receiving home pick up as required by their IEP may request an alternative location for bus pick up/drop off to meet day/child care needs; however, approval of the request is not guaranteed.
2. **The pick up address in the morning must be the same as the drop off address in the afternoon.**
3. Bus routes will be altered to support those approved stop locations: if they meet the policy; if located near an existing bus route (within 10 blocks); and if the request does not unreasonably lengthen the route time. The Chicago Public Schools uses an internally designed computer run for all CPS students requesting transportation service. All distance measurements are made exclusively using the straight line method with eight blocks to the mile. The mileage measurement is a close approximate but is not map based.
4. **This stop location change must be five days a week, have the same address for pick up in the morning and drop off in the afternoon, and is permanent for the school year.**
5. A route must have available seats for students to be added for this purpose. No additional bus routes will be added to serve alternative sites. If a bus becomes overcrowded, priority will be first given to eligible students normally assigned to the route.
6. The **deadline** for submitting requests is **Track E schools September 30** and **Regular Track schools October 31** annually unless the student is newly enrolled or has recently moved, in which case the form must be submitted within 30 days of the enrollment or address change.

(Please Print or Type – Any missing information may cause this application to be denied)

School of Attendance (Name):	Unit #:	<input type="checkbox"/> Track E Calendar <input type="checkbox"/> Regular School Calendar
Student Name	Student ID	Grade
		If Half-Day Student Check one:
		<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> AM <input type="checkbox"/> PM
Day/Child Care Name/Address:		
Current Home Address:	Telephone Number:	()
Email Address:	Form submitted after deadline (Check one): <input type="checkbox"/> Moved/New Address <input type="checkbox"/> Newly Enrolled	
As parent/legal guardian of the above noted child/children, I request a change in the bus stop location for day/child care and understand the policies for such change. If approved, I understand the stop will be the same for both pick up and drop off and it is my responsibility to make arrangements with the day/child care provider to bring my child to the bus for pick up and meet my child at the bus for drop off.		
Parent/Guardian Signature (MANDATORY):	Date of Request:	
SCHOOL USE ONLY: This request has been reviewed for accuracy and completeness. The student(s) identified above has/have an IEP that requires home pick up. Send form to Bureau of Student Transportation Services, 16 th Floor, GSR # 125.		
Principal’s Signature (MANDATORY):	Date:	

--FOR CPS / BUREAU OF STUDENT TRANSPORTATION SERVICES USE ONLY--			
<input type="checkbox"/> Approved	Route assigned:	Stop Location:	Name: Date:
<input type="checkbox"/> Denied	Reason:		Name: Date:
<input type="checkbox"/> Other	Reason:		Name: Date:

-- FAXED FORMS WILL NOT BE ACCEPTED OR PROCESSED --