

Early Childhood Transportation Policies and Procedures Cover Sheet

Student	Name:		
Initials			
	Completion of this form in no way guarantee	s transportation will be provided.	
		on is provided in the Least Restrictive Environment whenever the preschool student will attend to receive their	
	Students within the .5-mile radius are within	the walk area and will be scheduled to walk to school.	
	It can take up to 10 school days for transporta	tion services to begin.	
		ıl-de-sacs or some narrow/dead end roads to pick up students ar bussing area he/she will be assigned at the regular bus stop	
	If your student requires transportation in a w by transportation for safety.	heelchair or other mobility device, it will need to be approved	
	If a family is in the process of moving or complacement may change.	hanging where a child is picked up and dropped off, school	
		e provided, families are responsible for getting their and for meeting the bus at the assigned drop off location. Die and assigned adult.	
	parent or legal guardian. Authorized individ	gal guardian, or other individuals identified in writing by the uals must show $\underline{A\ VALID\ ID}$ to the bus driver at the time of nt at bus stop, child will be returned to the school.	
	If no authorized individual is present at bus stop and child is returned to school on three occasions, bus privileges will be canceled.		
	Authorized individuals will be required to si	gn for the student each day that the child rides the bus.	
	The addition of other authorized individuals the individual to be added to the authorized	must be completed in writing and will take at least 5 days for pickup list.	
	and and agree to these policies regarding transp strict to release my child to the following individual	oortation in the Early Childhood Program. I authorize Poudre duals:	
Name:	Relationship	Phone:	
X			
	Guardian Signature	Date	



Request for Bus Transportation

Student Information		
Student Name:		
Student Name: Parent/Guardian Information:		
Home Address:		
	Cell/Work/Other:	
Current Teacher:	Location:	AM/PM (please circle)
Requested Pick Up Location/Addr	ess:	
Days student requires pick up tran	sportation: Mon.□ Tue.□	□ Wed. □Thur.□
Requested Return Location/Addre	ess:	
Days student requires drop off tra	nsportation: Mon.□ Tue.[□ Wed. □Thur.□
Reason why I am not able to provi	de transportation for my cl	hild:
v S I	equested above, will you be	hool classroom as required by an IEP and e able to arrange transportation for your
A request to obtain bus transportation Childhood program. Transportation		nsportation will be provided by the Early veral criteria.
Transportation requests may take up department with a letter regarding sta department to find out the status of the	atus. If a letter is not receive	,
	ansportation will be set up f	imeline, notification and understand that a for my child. Furthermore, if approved I d.
Signature:	Da	nte:
Please return this form to:		
Fullana Learning Center	Main	office: (970) 490-3204
220 N. Grant Ave.		: (970) 490-3134