

Early Childhood Transportation Policies and Procedures Cover Sheet

Student Name:				
Initials				
	Completion of this form in no way guarantees transportation will be approved			
	For Students with special education se the preschool student will attend to re			
	Students within the 1.0-mile radius are	e within the walk area and will be sch	neduled to walk to school.	
	It can take up to 10 school days for tra volume or pandemic.	nsportation services to begin. It may	be longer in a high application	
	PSD buses are not able to pull down i furthermore, if your student lives in a stop.			
	If your student requires transportation in a wheelchair or other mobility device, the device will need to approved by transportation for safety.			
	If a family is in the process of moving or changing where a child is picked up and dropped off, school placement may change.			
	To participate in transportation, families are responsible for getting their preschooler to the assigned pick-up location and for meeting at the assigned drop-off location. Preschoolers must be attended by a responsible and assigned adult with valid photo identification. Children may only be released to a parent, legal guardian, or other individuals identified in writing by the parent or legal guardian. Authorized individuals must show A VALID ID to the bus driver at the time of pick up. If no authorized individual is present 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. Your child must allow themselves to be buckled in and remain buckled throughout the duration of the bus ride. Difficulty buckling may require your assistance. If it takes over 5 minutes, your child cannot ride the bus that day. You would be asked to transport your child for the day.			
	The addition of other authorized individuals must be completed in writing and can take at least 5 days for the individual to be added to the authorized pickup list. A phone call is not sufficient to update your authorized contacts for same day pick up.			
	agree to these policies regarding tra strict to release my child to the follo		nood Program. I authorize	
Name:		Relationship:	Phone:	

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Date

Parent/Guardian Signature



Request for Bus Transportation

Student Information			
Student Name:			
Parent/Guardian Information:			
Home Address:			
Home Phone:	Cell/Work/Other:		
Current Teacher:	Location:	AM/PM or Fullday (please circle)	
Requested Pick Up Location/Addres	ss:		
Days student requires pick up transpo	ortation: Mon. Tue. Wed.	☐Thur.	
Requested Return Location/Addres	ss:		
Days student requires drop off transp	ortation: Mon. Tue. Wed.	☐ Thur.	
,	<u>-</u>	m as required by an IEP and transportation tion for your child to attend school each	
·	n <i>does not</i> guarantee that transportation v d is based on the funding source assigned		
		be notified by the ERSEA department with a A department to find out the status of their	
	ious statement regarding timeline, noti ation will be set up for my child. Further my child.	-	
Parent/Guardian Signature		Date	
Please return this form to: Fullana Learning Center, 220 N. Gran	t Ave. Main office: (970) 490-3204 Ei	mail: psdece@psdschools.org	