

Early Childhood Transportation Policies and Procedures Cover Sheet

Student Name:			
Initials			
	Completion of this form in no way gua	arantees transportation will be Sbbo	dahVW.
	For Students i [fZ ebW[S^WgUSf[a` ebww.com ebw.com ebw		
	Students within the 1.0- mile radius a	re within the walk area and will be s	scheduled to walk to school.
	It can take up to 10 school days for tra application volume or pandemic.	ensportation services to begin. It ma	aybe longer in high
	PSD busses are not able to pull down students; furthermore, if your student regular bus stop.		
	If your student requires transportation in a wheelchair or other mobility device, tZVWVM[UWwill need to be 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 ullocation and for meeting at the assigned drop off location. Preschoolers must be attended by a responsible and assigned adult with a 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 <u>A VALID ID</u> 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 ride. Difficulty buckling may require y bus that day. You would be asked to	our assistance. If it takes over 5 mir	
	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.		
	d agree to these policies regarding tr District to release my child to the follo		dhood Program. I authorize
Name:		Relationship:	Phone:
		_	

v 5/9/25

Date

Parent/Guardian Signature



Request for Bus Transportation

Student Information			
Student Name:			
Home Phone:	Cell/Work/Other:		
Current Teacher:	Location:	AM/PM or Fullday (please circle)	
Requested Pick Up Location/Add	lress:		
Days student requires pick up trans	sportation: Mon. Tue. Wed.]Thur.	
Requested Return Location/Add	ress:		
Days student requires drop off tran	nsportation: Mon. Tue. Wed.	☐Thur.	
	education services in a preschool classroon ove, will you be able to arrange transportat	- · · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	tion <i>does not</i> guarantee that transportation wand is based on the funding source assigned	· · · · · · · · · · · · · · · · · · ·	
letter regarding status. If a letter is	up to four weeks to process and families will be not received, families must contact the ERSEA ed.	A department to find out the status of their	
-	evious statement regarding timeline, notif rtation will be set up for my child. Furtherr ort my child.	-	
Parent/Guardian Signature		 Date	
Please return this form to:			

Fullana Learning Center, 220 N. Grant Ave. | Main office: (970) 490-3204 | Email: psdece@psdschools.org