

**“BLUE FORM”**

Chicago Public Schools - Student Transportation Services

**Day/Child Care Bus Stop Change Request (Students with Disabilities Only)**

**School Year 2020-2021**

This form is available for parental convenience to request a different bus stop location for a student with disabilities. Return the completed form by **June 19, 2020** 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 Student Transportation Services (STS) 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, stop location 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 ASPEN and submit a new Bus Stop Change Request – Not Required by IEP. STS will update the transportation request in ASPEN based on approval or denial of the form.

**Policy**

1. Students with disabilities who are eligible for bus service as a related service per their Individualized Education Program (IEP) and the IEP team decided home pick-up provided the student with a Free Appropriate Public Education (FAPE) 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 will be five days a week, have the same address for pick up in the morning and drop off in the afternoon.** Parents/guardians are responsible to have an adult meet the bus at the curb for pick-up/drop-off. Additionally, parents/guardians are responsible to have the child ready and at the assigned stop location 5-10 minutes prior to the scheduled pickup time.
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.

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

<b>School of Attendance (Name):</b>				<b>Unit #:</b>	
<b>Student Name</b>		<b>Student ID</b>		<b>Grade</b>	
<b>If Half-Day Student Check one:</b>					
				<input type="checkbox"/> AM	<input type="checkbox"/> PM
				<input type="checkbox"/> AM	<input type="checkbox"/> PM
<b>Day/Child Care Name/Address:</b>				<b>Day /Child Care Phone Number:</b> ( ) ( )	
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.					
<b>Parent/Guardian Signature (MANDATORY):</b>				<b>Date of Request:</b>	
<b>SCHOOL USE ONLY:</b> 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 Student Transportation Services GSR # 125-Garden Level, or scan and e-mail to stutran@cps.edu.					
<b>Principal’s Signature (MANDATORY):</b>				<b>Date:</b>	

<b>--FOR CPS / STUDENT TRANSPORTATION SERVICES USE ONLY --</b>					
<b>Trans Record in ASPEN: Y / N</b>		<b>Current Route &amp; Address:</b>			<input type="checkbox"/> Entered in FP
<input type="checkbox"/> Approved	<b>Route assigned:</b>	<b>Stop Location:</b>	<input type="checkbox"/> Entered in ASPEN	<b>Name:</b>	<b>Date:</b>
<input type="checkbox"/> Denied <input type="checkbox"/> Other	<b>Reason:</b>			<b>Name:</b>	<b>Date:</b>