

“BLUE FORM”
 Chicago Public Schools - Student Transportation Services
Day/Child-Care Stop Change Request (Students with Disabilities Only)
 School Year **2022–2023**

Parents and guardians are able to use this form to request a different pick-up/drop-off location for a student with disabilities. This form is not applicable for summer school service. Return the completed form by **June 1, 2022** to the school office as part of the Application for Transportation Services. 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 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 transportation as a related service per their Individualized Education Program (IEP) and the IEP team has decided home pick-up provides the student with a Free Appropriate Public Education (FAPE) may request an alternative location for 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. Transportation routes will be altered to support approved stop locations if they meet the policy, they are located near an existing route (within 10 blocks), and the request does not unreasonably lengthen the route time. Chicago Public Schools (CPS) 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 and have the same address for morning pick-up and afternoon drop-off.** Parents/guardians are responsible to have an adult meet the vehicle 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 pick-up time.
5. A route must have available seats for students to be added for this purpose. No additional routes will be added to serve alternative sites. If a vehicle becomes overcrowded, first priority will be given to eligible students normally assigned to the route.

(Please print or type – Any missing information may cause this application to be denied)

School of Attendance (Name):		Unit #:	
Student Name	Student ID	Grade	If Half-Day Student Check one:
			() AM () PM
			() AM () PM
Day/Child-Care Name/Address:		Day/Child-Care Phone Number:	()
As parent/legal guardian of the above noted child/children, I request a change in the 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 assigned vehicle for pick-up and meet my child at the assigned vehicle 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 Student Transportation Services GSR # 125-Garden Level, or scan and email to stutran@cps.edu.			
Principal's Signature (MANDATORY):		Date:	

--FOR CPS / STUDENT TRANSPORTATION SERVICES USE ONLY--							
Trans Record in ASPEN: Y / N		Current Route & Address:				() Entered in FP	
() Approved	Route assigned:		Stop Location:		() Entered in ASPEN	Name:	Date:
() Denied	Reason:					Name:	Date:
() Other							

