"PURPLE FORM" – School Year 2019-2020 Chicago Public Schools - Student Transportation Services Bus Stop Change Request for Eligible Preschool Students with Disabilities

This form is only to be completed when an IEP team has determined that a preschool student with disabilities is eligible for transportation as a related service AND the parent has requested a pick-up and drop-off location other than the student's home. Transportation services are limited to and from locations within the City of Chicago. Pick-up and drop-off locations may be at different locations, however, the selected location(s) must be the same every day of the week. The parent request for a different pick-up/drop-off location must be documented in the IEP as a special accommodation along with the new address. Once documented in the IEP, return the completed form to the school office. Until this form is processed, the student will be transported from home to school and back home. The principal will review the form for completeness and accuracy and forward it to Student Transportation Services (STS) for processing. The pick-up and drop-off location requested below will become permanent for the school year. A new form will be required to be completed each school year when there is a change in the pick-up and drop-off address requested below or if the student transfers to another school. The school must contact STS if the parent decides to discontinue this bus stop change and return to the standard home to school and back home. If a bus stop change pursuant to this form will only apply during the student will be transported from home to school and back home. If a bus stop change is needed for students in kindergarten through 12th grade student will be transported form home to school and back home. If a bus stop change is needed for students in kindergarten through 12th grade student will be transported form home to school and back home. If a bus stop change is needed for students in kindergarten through 12th grade student will be completed outside of the IEP process.

Policy

- 1. This form may only be used for a preschool student with disabilities to request an alternative location for bus pick-up and drop-off who (a) receives transportation as a related service per his/her IEP; AND (b) the parent requests a pick-up and drop-off location other than the student's home.
- 2. The school must have a finalized IEP in SSM reflecting transportation as a related service and an active transportation record in ASPEN for the home address.
- 3. The pick-up and drop-off location may be at different locations but must be located within the City of Chicago.
- 4. The pick-up and drop-off location must be the same throughout the school week and is permanent for the school year until a new form is submitted and processed.

(Please Print or Type – Any missing information may cause delay in processing this application)

School of Attendance (Name):				T			Unit #:		
Student Name					Student ID	Age		Check One:	
							() AM Student () Full Day Stude () PM Student		
Legal Home Address:									
Name of Parent or Legal Guardian:						Email Addre	cc•		
Home Phone:	()	Cell Phone <u>:</u>		()	Other Phone:	()		
		P	ICK-UP/I	DRC	OP-OFF INFORMATION				
Pick—Up Address:									
Drop-Off Address:									
As parent/legal guardian of the above noted child, I request a change in the bus stop location. I understand the policies for such change. I also understand it is my									
responsibility to make arrangements with the non-CPS provider to bring my child to the bus for pick up and meet my child at the bus for drop off. Parent/Guardian Signature (MANDATORY): Date of Request:									
1 arent/Guartian Sig	gnatt	ne (MANDATORT).		Date of Request.					
SCHOOL USE ONLY: This request has been reviewed for accuracy and completeness. The student identified above has an IEP that requires transportation as a									
related service and a transportation request has been entered in ASPEN. Send form to Student Transportation Services, GSR # 125-Garden Level, or scan and e- mail to stutran@cps.edu.									
Principal's Signature (MANDATORY): Date:									

FOR CPS / STUDENT TRANSPORTATION SERVICES USE ONLY												
Trans Record in ASPEN: Y / N			Home address	same in ASPEN: Y / N	() Entered in FP		() Updated ASPEN					
() Processed	Route		Stop			Name:		Date:				
	assigned:		Location:									
() Other	Reason:					Name:		Date:				