

Pennsbury School District

School Board Policy

Effective Date	Supercedes Index No.	Index No.
8/27/09	6109R of 8/19/93	810.13

Title: Transportation of Elementary Students to Child Care Providers

Purpose: This policy sets forth the conditions and circumstances under which the Pennsbury School Board will consider transportation of elementary students to and from child care providers.

Attachment: Request for Child Care Transportation Form

Policy: The School District shall strive to maximize the use of scheduled buses but will not provide additional buses or incur additional expense for the taxpayers when providing this service.

Transportation of elementary students to and from child-care providers shall be provided as follows:

1. Parent(s) or guardian(s) must submit their request to the principal using the "Request for Child Care Transportation" form at least five days in advance of the requested transportation.
2. Students may be transported only over established routes for the school of attendance and only if space is available.
3. The Pennsbury School District will not transport students to alternative social, educational, or recreational centers.
4. Transportation must be consistent on a daily basis.
5. All of the requirements of this policy for public school students apply to non-public school students.

**Responsible
Administrator:** Director of Transportation

Pennsbury School District
 Transportation Department
 Request for Child Care Transportation
 Policy 810.13

Reason for Action (to be completed by School Office)

NEW <input type="checkbox"/> (Complete all data)	CHANGE <input type="checkbox"/> (Name, student # and new information)	DISCONTINUE <input type="checkbox"/> (Name and student #)
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Service requested for: To School _____ From School _____ To and From School _____

(This request must be received in the Transportation Office not less than 5 days prior to the effective date.)

STUDENT DATA:

Name _____ Student # _____

Home Address _____

Emergency Contact Person _____ Phone # _____

TRANSPORTATION DATA:

School of Attendance _____

Name of Caregiver _____ Phone # _____

Address of Caregiver _____

Effective Date(s) _____ To _____

REQUESTED BY:

Parent's Signature _____ Date _____

Caregiver's Signature _____ Date _____

Recommending Principal _____ Date _____

TRANSPORTATION ARRANGEMENTS (to be completed by Transportation Department):

Bus # _____ Bus Driver _____

Bus Stop _____ Time _____

Date Transportation Will Start _____

Transportation Contact Person _____ Phone # _____

APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/> (If so, why? _____)	COPY SENT TO PARENT <input type="checkbox"/>
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