



2011 - 2012

Dear Parents & Guardians,

Please read the following summarization of important policies and procedures related to the safe and efficient transport of your student.

1. Assigned route pick-up and drop-off times reflect the Transportation Department's best estimate based on a number of variables. **These are estimated times only.**
2. During pick-up and drop-off we allow drivers to honk or use strobe lights to draw attention to the actual bus arrival. We will not call.
3. Upon arrival, drivers may wait 2 minutes before proceeding on route.
4. Day care centers must be aware of our policies related to pick-up and drop-off of students. For details, please refer to page 8 of the handbook.
5. For the safety of other students and Drivers/Attendants, we do not assist the student to and from your door during pick up and drop off. This responsibility lies with you or your daycare staff.
6. For each Authorized Receiver, including parents and guardians, we must have on file a completed Authorized Receiver Form. Drivers/Attendants/Substitutes will ask to see a picture ID during drop-off and to compare the information on the form to that on the picture ID.
7. Authorized Receivers must be available for drop off at school bell dismissal times.
8. It is your responsibility to pay for damages that occur to any equipment when damage is the direct result of student or parent/guardian actions.
9. Each time your student will not be riding the bus, we ask that you contact Operations as soon as possible to ensure routing adjustments can be made. Please call (817) 299-6060.
10. If your student has been returned to the Transportation Office 3 times, we will request an Emergency ARD meeting to discuss other options for drop off. If this does not correct the issue, Child Protective Services will be contacted. CPS will be asked to investigate the situation.

Please feel free to contact us should you have any questions at (817) 299-6065 or (817) 299-6081. Thank you in advance for your cooperation.

Deborah Kline
Special Needs Program Manager

Michelle Bratton
Special Needs Assistant

Student Name: _____

Parent/Guardian Signature: _____

Contact Phone: _____

Are there medical conditions that have initial responses that you expect from us? If so, what?

Date: _____