

**“PURPLE FORM”**  
 Chicago Public Schools - Bureau of Student Transportation Services  
**Community-Based Head Start Program Bus Stop Change Request**  
**(Students with Disabilities Only)**  
 School Year 2011-2012

This form is available for a parent/guardian of a student with disabilities who attends both a community-based Head Start Program and a Chicago Public Schools’ half-day Early Childhood Program. Return the completed form by **June 3, 2011**, to the school office as part of the “Application for Bus Service”. The principal will review the form for completeness and accuracy and forward it to the Bureau of Student Transportation Services (BSTS) for processing. 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, community-based Head Start Program 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 IMPACT/SIM and submit a new Community-Based Head Start Program Bus Stop Change Request. The BSTS will update the transportation request in IMPACT/SIM.

**Policy**

1. Students with disabilities who are (a) age cycle three or four; (b) attend both a community-based Head Start Program and a Chicago Public Schools’ Early Childhood Program; AND (c) receive transportation as a related service per their IEP may request an alternative location for bus pick up or drop off to attend the community-based Head Start Program.
2. **The pick-up and drop-off locations must be five days a week and are permanent for the school year.**
3. The **deadline** for submitting requests is **Track E schools September 30** and **Regular Track schools October 31** annually unless the student is newly enrolled or has recently moved, in which case the form must be submitted within 30 days of the enrollment or address change.

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

<b>School of Attendance (Name):</b>		<b>Unit #:</b>		<input type="checkbox"/> Track E Calendar <input type="checkbox"/> Regular School Calendar
<b>Student Name</b>	<b>Student ID</b>	<b>Age</b>	<b>Check one:</b>	
			<input type="checkbox"/> AM Student <input type="checkbox"/> PM Student	
<b>Pick-Up Address:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Community-Based Head Start		
<b>Drop-Off Address:</b>		<input type="checkbox"/> Home <input type="checkbox"/> Community-Based Head Start		
<b>Email Address:</b>		<b>Telephone Number:</b>	(      )	
<b>Form submitted after deadline (Check one):</b>				
<input type="checkbox"/> Moved/New Address <input type="checkbox"/> Newly Enrolled				
As parent/legal guardian of the above noted child, I request a change in the bus stop location to enable my child to attend his/her community-based Head Start Program and understand the policies for such change. I understand it is my responsibility to make arrangements with the community-based Head Start provider to bring my child to the bus for pick up or 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 identified above has an IEP that requires transportation as a related service. Send form to Bureau of Student Transportation Services, 16 <sup>th</sup> Floor, GSR # 125.				
<b>Principal’s Signature (MANDATORY):</b>			<b>Date:</b>	

**--FOR CPS / BUREAU OF STUDENT TRANSPORTATION SERVICES USE ONLY --**

<input type="checkbox"/> Approved	Route assigned:		Stop Location:		Name:	Date:
<input type="checkbox"/> Denied	Reason:				Name:	Date:
<input type="checkbox"/> Other	Reason:				Name:	Date:

**-- FAXED FORMS WILL NOT BE ACCEPTED OR PROCESSED --**