

“YELLOW FORM”
Chicago Public Schools – Bureau of Student Transportation Services
Sibling Transportation Request
School Year 2011-2012

Parents/guardians may use this form to request transportation for their children who are not eligible for bus service but who attend the same school as a sibling who is eligible for bus service. This form must be completed for each school year and is not applicable for summer school bus service. 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 accuracy and completeness and forward it to the Bureau of Student Transportation Services (BSTS) for review. After the review is completed, the school will be notified in writing of the decision and the school staff will notify the parent/guardian of the outcome.

Policy

1. Siblings of students who are eligible and receiving bus service will be allowed to ride the same bus route, **on a space-available basis**, while the eligible sibling attends the same school and uses the same bus service. When the eligible student graduates or leaves the school, the sibling(s) will no longer receive bus service.
2. This form is only for elementary students, kindergarten through eighth grade.
3. Typically, siblings must be full-day students. Ineligible siblings that attend half-day programs will only be considered if they are in the same morning-only or afternoon-only program as the eligible sibling. If the eligible sibling is a full-day student, the half-day ineligible student may only be considered for one-way transportation (i.e., morning only bus service to school or afternoon only bus service from school).
4. Siblings are defined as brothers and sisters of the eligible student living in the same household and attending the same school. Parents/guardians of the child eligible for bus service may also include as siblings, children within the same household of which they have been appointed legal guardian (please attach guardianship papers to this request form). The parent/guardian for all siblings must be the same in IMPACT/SIM.
5. Siblings of controlled enrollment transfer students are not eligible to receive bus service under this policy because controlled enrollment students are transferred to receiving schools where space is already limited.
6. Under no circumstances will buses be added to a school to accommodate ineligible siblings approved under this policy.
7. The **deadline** for submitting requests is **Track E schools September 30** and **Regular Track schools October 31** annually unless the students are newly enrolled or have recently moved, in which case the form must be submitted within 30 days of the enrollment or address change.

(Please Print or Type – All Fields Must Be Completed)

SCHOOL NAME:		UNIT NO.:		<input type="checkbox"/> Track E Calendar <input type="checkbox"/> Regular School Calendar
NAME OF INELIGIBLE STUDENT REQUESTING BUS SERVICE (LAST, FIRST, MIDDLE INITIAL)		STUDENT ID NO.	GRADE	RELATIONSHIP TO ELIGIBLE STUDENT
				<input type="checkbox"/> Brother <input type="checkbox"/> Sister
				<input type="checkbox"/> Brother <input type="checkbox"/> Sister
				<input type="checkbox"/> Brother <input type="checkbox"/> Sister
NAME OF ELIGIBLE STUDENT RECEIVING BUS SERVICE (LAST, FIRST, MIDDLE INITIAL)		STUDENT ID NO.	GRADE	Form submitted after deadline (Check one):
				<input type="checkbox"/> Moved/New Address <input type="checkbox"/> Newly Enrolled
As a parent/legal guardian of the above students, I understand the policies as identified above and request an exception for transportation of the ineligible student(s). If approved, I understand that when the student currently eligible for bus service graduates, leaves the school, or space on the bus is no longer available, the ineligible sibling(s) noted above will no longer receive bus service.				
Parent/Guardian Signature (MANDATORY):			Date of Request:	
Email Address:		Telephone Number:	()	

INSTRUCTIONS FOR SCHOOL:

This form will not be processed without the signature of the parent/guardian and the principal. When complete, please give a copy to the parent and forward the original document to: Bureau of Student Transportation Services, 16 th Floor, GSR # 125. If approved, the BSTS will enter the transportation request in IMPACT/SIM as Trans Type “XN”.	
Principal’s Signature (MANDATORY):	Date:

--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 ACCPETED OR PROCESSED --