



San Ysidro
School District **EST - 1887**
QUALITY EDUCATION AND OPPORTUNITY FOR ALL STUDENTS TO SUCCEED

School Bus Pass / Pase de Transporte Escolar

Student Name/Nombre del Estudiante:

School/Escuela:

Grade/Grado:

1. I understand that all students must present a bus pass before boarding the bus. Failure to do so will result in transportation being refused.
2. Parents are advised that the District does not supervise bus stops and is not responsible for the control and conduct of students at the bus stop.
3. The revocation or suspension of a student's bus riding privileges will not constitute grounds for refunding any fees paid.
4. Should a change of address be necessary in the student's transport, parents must come to the District Transportation Department to make the change.
5. Lost, stolen, mutilated, or unreadable bus passes must be obtained from the District Transportation Department.
6. Transportation approval may take up to 10 days.

1. Yo entiendo que todos los estudiantes deberán presentar un pase de transporte antes de subirse al autobús. Si no se presenta, se negará el transporte a los estudiantes.
2. Se les avisa a los padres que el Distrito no supervisa las paradas de los autobuses y que el Distrito no es responsable por el control y la conducta de los estudiantes en las paradas del autobús.
3. La revocación o la suspensión de los privilegios de un estudiante para viajar en el camión no constituirá el derecho a reembolso del pago hecho por el pase.
4. Si es necesario hacer cambios en la dirección del estudiante, Los padres deben ir al Departamento de Transportación del Distrito Escolar.
5. Los pases extraviados, maltratados o ilegibles deben ser reemplazados en el Distrito Escolar de San Ysidro. Habrá un costo para un reemplazo del pase de autobús.
6. La aprobación del transporte puede tardar hasta 10 días.

I hereby acknowledge receipt of a copy of the District's Bus Conduct Rules and Regulations.
Yo apruebo el recibo de una copia de las Reglas y Reglamentos de Conducta de Transporte del Distrito.

Parent/Guardian Signature
Firma del Padre/Tutor:

Date/Fecha:

Please email to: transportation@syzdschools.org



APPLICATION FOR SCHOOL BUS TRANSPORTATION

Student's Last, First Name:	Grade:	DOB:	School:
Resident Address:	City:	Zip Code:	Telephone:
Parent/Guardian Name:	Cell Phone#:	Alternate Phone#:	

OFFICE USE ONLY (CIRCLE ONLY ONE)
Regular Education..... YES or NO
Special Education..... YES or NO
New Comer Program.....YES or NO
Overflow Placement..... YES or NO
504 Program..... YES or NO

If student is required to BE MET at his/ her bus stop by a parent/guardian?
YES or NO

SPECIAL EQUIPMENT REQUIREMENTS
(PER IEP ONLY-CIRCLE ALL THAT APPLY)

Safety Vest Required? YES or NO
Wheelchair Required? YES or NO
Carseat Required? YES or No
Bus Aide Required? YES or NO
Helmet Required? YES or NO
Crutches Required? YES or NO

In the event that you are not able to be present when your son or daughter arrives at his or hers designated bus stop in the afternoon, each and every day, please complete the following section:

I _____, am the mother/father of the student or which I am requesting that he or she be dropped off at his or her designated bus stop, unattended and without supervision.

In order for the San Ysidro School District to honor my request, I hereby release the San Ysidro School District, Transportation Dept. from any legal obligations and responsibilities that can arise, as a result of honoring this petition.
_____ (INITIALS)

I further waive all claims against the District for injuries, accidents, illness, or death occurring as a result for approving and honoring this request:
_____ (INITIALS)

I hereby acknowledge that my initials on each of the statements, as well as my signature at the bottom of this application, certifies that the content of this document is accurate and completed by me: _____ (INITIALS)

OFFICE USE ONLY

AM ROUTE: _____ TIME: _____
PM ROUTE: _____ TIME: _____
MIN.DAY: _____ TIME: _____
AM BUS STOP: _____
PM BUS STOP: _____
Preschool: (AM) (PM)
Kinder: (AM) (PM) (ALL DAY)

FOR MUST BE MET STUDENTS ONLY

_____	_____
(Name of Person assigned to receive this student)	Contact: _____
_____	_____
(Name of Person assigned to receive this student)	Contact: _____
_____	_____
(Name of Person assigned to receive this student)	Contact: _____

Parent/Guardina Signature: _____ Date: _____

Transportation Signature: _____ Date: _____

Please arrive 5-10 minutes prior to your pick up time. Also as for safety reasons once the bus pulls away from the curb we are not responsible to go back and it will be your responsibility to take your child to school.

Email bus application / current facial photo to: transportation@sysdschools.org