



Ionia Public Schools

Transportation Eligibility Registration Form

Student Name: _____ Grade (when entering school) _____ Bldg: _____

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Eligibility

"It is the policy of the Board of Education to provide transportation for those students, of school age, whose distance from their school makes this service necessary within the limitations established by State law and the regulations of the State Board of Educations."

Ionia Public Schools Bylaws & Policies, 8600-Transportation

Every student eligible to use the school district's transportation services is allowed to have only 1 designated pick up address and 1 alternate address. The same is true for 1 drop off address and 1 alternate for the entire school year. It will be the parent/legal guardian's responsibility to get their child to and from an eligible designated bus stop. If a child does not ride the bus for six consecutive school days, the transportation department will anticipate that the child will not need transportation services, and the bus will not stop at the pickup and/or drop off point. If a child does not ride the bus for twenty consecutive school days, he/she will be dropped from the route and the bus route may be changed if it is the school district to do so. The parent/legal guardian must complete another eligibility form that will need approval from the Transportation Office designee if transportation is required once the student is dropped from the route.

Changes necessary after the start of the new school year **must be submitted in writing using the proper form** and returned to the Transportation Office. The change request will not go into effect until it is approved by the Transportation Office designee, which may take up to 5 business days. If the new location is not currently part of an existing route, the student may be required to walk to the nearest bus stop, unless it is more economically beneficial to the district to change the route to accommodate the new stop. If the change request is the result of a change request in home residency, the Residency Verification Affidavit must be updated and proof of residency is required. *(Available at Central Office)*

Student ID #: _____ (Student # to be filled out by IPS)

My child does NOT require transportation services. I will need alternate pick up or drop off address (see page 2)

Student Name: _____ Birthdate: _____ Grade: _____ Building: _____
First MI Last

Home Address: _____ City: _____ Zip: _____
(house number, N S E or W, Street name)

Home Telephone #: _____ Alternate Ph #: _____

Designated Pick up Address: _____ Contact Person at this Address: _____
(house number, N S E or W, Street name) Phone #: _____

Is this a Home Day Care Other _____

Designated Drop off Address: _____ Contact Person at this Address: _____
(house number, N S E or W, Street name) Phone #: _____

Is this a Home Day Care Other _____

I understand and agree to the terms stated above. By signing this document I will abide by the district's transportation bylaws and policies. I authorize my child to be picked up/dropped off at the stops designated in this document.

PRINT Legal Guardian's Name: _____

Parent/Legal Guardian Signature: _____

****Please return to: Ionia Public Schools Transportation Office, 364 E Tuttle Rd. Ionia MI 48846****

For Administrative Use only: The above student is : _____ eligible _____ ineligible

Transportation Designee Signature _____ Date _____ Effective Date _____



Student Name: _____ **Grade** (when entering school) _____ **Bldg:** _____

Designated **Pick up Address:** _____ **Contact Person at this Address:** _____

(house number, N S E or W, Street name)

Phone #: _____

Is this a Home Day Care Other _____

Designated **Drop off Address:** _____ **Contact Person at this Address:** _____

(house number, N S E or W, Street name)

Phone # _____

Is this a Home Day Care Other _____