

## CHILDREN WITH SPECIAL NEEDS

### TRANSPORTATION PLAN - Preschool

Child's Name: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_

Preschool Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### **4410 Approved Preschool Program Transportation Facts**

Transportation for children attending preschool programs is governed by the 4410 Preschool Law. The Law encourages parents to transport their children to their preschool programs at public expense. Accordingly, the following options are available to Westchester parents who transport their children to an approved special education preschool program:

**Mileage Reimbursement:** Parents will be reimbursed for driving their child to and from the child's preschool program. Reimbursement will be paid at the current county approved rate per mile, for one round trip per day between the city or town in which the child lives and the city or town in which the child's preschool program is located based on current Westchester County Mileage Chart. If the child's home and service site are located within the same city or town, the round trip will be calculated as 2 miles, except for cities or towns that are subdivided on the County Mileage Chart. Reimbursement for parking and tolls may also be provided when necessary and authorized by the County.

**Metro Card:** Parents will receive at no cost a monthly Metro Card to be used for transporting the child to and from the preschool program.

**Taxi Fare Reimbursement:** Parents will be reimbursed for the cost to transport their child to and from the preschool program by taxi each day.

**Whatever option is selected, it must be consistent for each day of travel to the program;** bus transportation may not be combined with receipt of a Metro Card, mileage or taxi fare reimbursement. Special school bus transportation is available for children whose parents decline to transport them to preschool.

I will transport my child to special needs preschool and select the following option:

Mileage Reimbursement     Metro Card     Taxi Fare Reimbursement

Parent's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that once you have selected an option, you may only change your selection by contacting your school district's Committee on Preschool Education and completing another form.**