

Yale Public Schools

TRANSPORTATION DEPARTMENT

253 SCHOOL DRIVE ~ YALE, MICHIGAN 48097

PH: (810) 387-3231 ext. 6271 ~ FAX: (810) 387-9074

Jolene Roffe, Director of Transportation

Dear Parent and/or Guardian,

School Bus Transportation is available for all eligible students enrolled within the attendance boundaries of Yale Public Schools and reside outside of the city limits of the city of Yale. Eligible students **must register for Transportation Services** in order to receive bus service for the current school year. Failure to submit a transportation form constitutes “voluntary waiver” of transportation and students will not be assigned a bus. If your student should require transportation, please complete this form and return it to the Transportation Department as soon as possible. ****NOTE** this must also renewed every school year.

Although you may not request transportation services at this time, you may request transportation when needed in the future, depending on your location, it may take up to 3 days to have your child(ren) assigned to a bus and implement them into the bus run.

It is important that you fill this form out completely if your child(ren) are enrolled in school, even if you will not be utilizing bus transportation services.

You may return this form to your child’s school of attendance, the child’s bus driver, or fax it to the bus garage (810)-387-9074.

Reminders:

One Stop Pick-up/One Stop Take-home: Yale Public Schools has a one-stop pickup and one-stop take home policy. Parents/guardians are requested to identify one (1) pick up location and one (1) take home location for the school year. These locations may have two different addresses due to childcare, etc.; however, both addresses must be consistent every day, Monday through Friday. The bus stop may or may not be located at the address requested. Students will be assigned a bus stop within the prescribed walking distance of the address location. Walking distances and bus routes may be adjusted temporarily, if necessary, by reason of ridership, unsafe or impassable roads.

Childcare: The childcare address must be located within the school of attendance boundaries. It is not possible to provide transportation to childcare facilities located outside of the school of attendance boundaries.

It is important that you fill out this form in its entirety; if you will not be utilizing bus transportation services please also indicate that. If we do not receive a form from you, your child(ren) will be removed from the bus transportation service roster and no transportation will be provided to and from school.

As always, your cooperation is greatly appreciated; by working together we can achieve not only safe but efficient bus routes. If you have any questions please feel free to contact the transportation office. 810-387-3231 ext. 6275 or 6271.

Sincerely,

Jolene Roffe,
Director of Transportation
(810) 387-3231 ext. 6271



YALE PUBLIC SCHOOLS – TRANSPORTATION REGISTRATION FORM

TRANSPORTATION IS AVAILABLE FOR ALL *ELIGIBLE* STUDENTS THAT ATTEND YALE PUBLIC SCHOOLS WITHIN THE ATTENDANCE BOUNDARIES. PLEASE FILL OUT THIS FORM WHEN ENROLLING. THIS FORM MUST BE RENEWED EVERY YEAR **BY JUNE 8TH** FOR THE UPCOMING SCHOOL YEAR.

YALE PUBLIC SCHOOLS HAS A ONE-STOP PICK UP AND ONE STOP TAKE HOME POLICY. THESE ADDRESSES MAY BE DIFFERENT; HOWEVER, THEY MUST BE CONSISTENT EVERY DAY. THE BUS STOP WILL BE LOCATED IN ACCORDANCE TO STATE LAW AND SCHOOL DISTRICT POLICY. STUDENTS WILL BE ASSIGNED A BUS STOP WITHIN THE PRESCRIBED WALKING DISTANCE OF THE ADDRESS LOCATION.

PLEASE LIST ALL STUDENTS IN HOUSEHOLD, THEIR SCHOOL OF ATTENDANCE, AND ADDRESS FOR PICKUP AND DROPOFF:

STUDENTS NAME: _____ SCHOOL OF ATTENDANCE: _____ GRADE: _____

PICK UP: HOME ADDRESS ALT. ADDRESS _____ *AM Transportation Is Not Required*

DROP OFF: HOME ADDRESS ALT. ADDRESS _____ *PM Transportation Is Not Required*

STUDENTS NAME: _____ SCHOOL OF ATTENDANCE: _____ GRADE: _____

PICK UP: HOME ADDRESS ALT. ADDRESS _____ *AM Transportation Is Not Required*

DROP OFF: HOME ADDRESS ALT. ADDRESS _____ *PM Transportation Is Not Required*

STUDENTS NAME: _____ SCHOOL OF ATTENDANCE: _____ GRADE: _____

PICK UP: HOME ADDRESS ALT. ADDRESS _____ *AM Transportation Is Not Required*

DROP OFF: HOME ADDRESS ALT. ADDRESS _____ *PM Transportation Is Not Required*

STUDENTS NAME: _____ SCHOOL OF ATTENDANCE: _____ GRADE: _____

PICK UP: HOME ADDRESS ALT. ADDRESS _____ *AM Transportation Is Not Required*

DROP OFF: HOME ADDRESS ALT. ADDRESS _____ *PM Transportation Is Not Required*

PARENT/GUARDIAN CONTACT INDORMATION: LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____ E-MAIL _____

HOME TELEPHONE: _____

CELL PHONE: _____

SIGNATURE OF PARENT/GUARDIAN

DATE