



Dear Parents,

We would like to welcome your student to our bus system. The safety of your student, as well as other students assigned to the bus is our main concern.

For us to provide safe and timely transportation for your student we need your assistance. There are a few things we ask you to keep in mind.

1. Anytime your student will **not** be riding the bus, please contact our **DISPATCH OFFICE** at **210-945-1230**. In the event that your student does not ride the bus for **three (3) consecutive school days** without notifying the Transportation Department, your driver will notify the Routing Team to contact the student's parent or guardian to obtain the necessary information to continue bus service.
2. During the morning route, the bus will wait **no longer than 3 minutes** past the scheduled pick-up time. Please make sure your student is ready and that you are waiting for the bus **10 minutes** prior to the scheduled pick-up time.
3. There may be times the bus will not arrive at your house at the scheduled time due to inclement weather, possible traffic, substitute driver or schedule changes. Please call the **DISPATCH** line if the delay is more than **10 minutes** from the pick-up time.
4. Please make sure that there is an authorized person available in the afternoon to receive your student. In the afternoon, the bus will wait **no more than three (3) minutes and then proceed with their route**. If no one is available to receive your student, he/she will be returned to their campus.
5. If changes need to be made to your students record, please contact your student's **campus** to have the IEP amended for transportation and submitted through **ESPED**. Transportation **CANNOT** make any changes unless we receive the required amendment form from the student's school. Once we have received the amendment, we do require **three to five (3 to 5) school days to process any changes**.

Thank you for helping us to make transportation an enjoyable part of your students' day.

Helpful information:

School attending: _____	Bus number: _____
Bus Driver: _____	Bus assistant: _____
Student's Name: _____	
AM Pick-Up Time: _____	PM Pick-Up Time _____

SPECIAL EDUCATION EMERGENCY CONTACT INFORMATION

Student's Name: _____

Campus Attending: _____

Parent's Name (1): _____

Home Phone: _____ Cell Phone: _____ Work: _____

Parent's Name (2): _____

Home Phone: _____ Cell Phone: _____ Work: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Please Initial the Following:

_____ I authorize the Judson ISD Transportation Department to drop off my student under the supervision of **ONLY** the below designated person(s) listed.

1. _____

Name and Relationship

Phone Number

2. _____

Name and Relationship

Phone Number

3. _____

Name and Relationship

Phone Number

NOTE: If the above designated is not present at the bus stop, the driver will return your student to their campus.

Signature of Parent/Guardian

Printed Name

Date

Any information that you feel would be helpful for the Transportation Staff:

Should you have any questions regarding special needs transportation, please call 210-945—1247