SAN BERNARDINO CITY
UNIFIED SCHOOL DISTRICT
Making Hope Happen

2025/2026 Transportation Empty Seat Application

Date: _____

Student Name: _____ ID #: _____

Attending School: _____

Requested Bus Route: _____ Requested Stop: _____

Dear Parent/Guardian:

Thank you for inquiring about the SBCUSD Empty Seat Program. This program is for students who do not qualify for busing, however wish to occupy an empty seat on an existing bus route. This service is subject to space availability on eligible bus routes and **is granted on a first come, first serve basis and determined to be safe by the principal/transportation department**. Seating for the 2025/2026 school year **will not be determined and granted until AFTER September 08, 2025**. ***This application does not guarantee that an empty seat will be available.***

In order to qualify for this program parent/student must acknowledge and initial the following conditions:

1. Parent/Guardian must submit an Empty Seat Application for their student through the attending school. Students approved for the program must **use only the designated existing bus stop. This application is only valid for the 2025/2026 school year and becomes void on June 4, 2026.** _____ (initial)

2. Student must abide by and obey all "Bus Conduct/Safety Rules" as stipulated in Board Policy and the Transportation Safety Plan Guide. The school bus is an extension of the classroom, and appropriate behavior is expected at all times. Please refer to the Transportation Safety Plan Guide for specifics. **Failure to abide by and obey all bus conduct/safety rules will result in revocation of empty seat for the remainder of the school year. Parents/guardians will be responsible for transportation to and from school if bus privileges have been suspended or revoked.** _____(initial)

3. **IMPORTANT: If seating space is required for an eligible student at any time during the school year, your student will lose their bus riding privileges. Notification will come from the attending school site and possibly with less than a 24 hour notice.** _____(initial)

_____
Parent / Guardian Signature Date

_____
School Principal or Designee Signature Date

Transportation Use Only:

Assigned Route:_____ Stop:_____ Eff Date: _____ Scheduler: _____