

“YELLOW FORM”

Chicago Public Schools – Student Transportation Services

Sibling Transportation Request

School Year 2021-2022

Parents/guardians may use this form to request transportation for their children who are not eligible for bus service but who attend the same school as a sibling who is eligible for bus service. Once siblings have been approved for transportation, this form *no longer needs to be submitted each school year* - as long as the eligible student and the approved siblings are still enrolled at the school, live at the same address, and have the same guardian. If the students are new to the school, the parent/guardian should complete a new Sibling Transportation Request form and submit it to the school for processing. The request does not follow the students if they transfer to a new school. This form is not applicable for summer school bus service. Please return the completed form by **June 22, 2021**, to the school office as part of the “Application for Bus Service”. Forms received after this date will be processed, but transportation on the first day of school is not guaranteed. The principal will review the form for accuracy and completeness and forward it to Student Transportation Services (STS) for review. After the review is completed, the school will be notified in writing of the decision and the school staff will notify the parent/guardian of the outcome.

Policy

1. Siblings are defined as brothers and sisters of the eligible student living in the same household and attending the same school. Parents/guardians of the child eligible for bus service may also include as siblings, children within the same household of which they have been appointed legal guardian (please attach guardianship papers to this request form). The parent/guardian for all siblings must be the same in ASPEN.
2. Siblings of students who are eligible and receiving bus service will be allowed to ride the same bus route, on a space-available basis, while the eligible sibling attends the same school and uses the same bus service. **When the eligible student graduates or leaves the school, the sibling(s) will no longer receive bus service.**
3. This form is for elementary students, pre-kindergarten through eighth grade.
4. If the eligible sibling is a full-day student, a half-day sibling may be considered for one-way transportation (i.e., morning only bus service to school or afternoon only bus service from school) as long as it is at the same time of day as the eligible student.
5. Siblings of controlled enrollment transfer students are not eligible to receive bus service under this policy because controlled enrollment students are transferred to receiving schools where space is already limited.
6. Under no circumstances will buses be added to a school to accommodate ineligible siblings approved under this policy.

(Please Print or Type – All Fields Must Be Completed)

SCHOOL NAME:				UNIT NO.:	
NAME OF INELIGIBLE STUDENT REQUESTING BUS SERVICE (LAST, FIRST, MIDDLE INITIAL)		STUDENT ID NO.	GRADE	RELATIONSHIP TO ELIGIBLE STUDENT	
				() Brother () Sister	
				() Brother () Sister	
NAME OF ELIGIBLE STUDENT RECEIVING BUS SERVICE (LAST, FIRST, MIDDLE INITIAL)		STUDENT ID NO.	GRADE		

As a parent/legal guardian of the above students, I understand the policies as identified above and request an exception for transportation of the ineligible student(s). If approved, I understand that when the student currently eligible for bus service graduates, leaves the school, or space on the bus is no longer available, **the ineligible sibling(s) noted above will no longer receive bus service.**

Parent/Guardian Signature (MANDATORY):			Date of Request:
Email Address:		Telephone Number:	()

INSTRUCTIONS FOR SCHOOL:

This form will not be processed without the signature of the parent/guardian and the principal. When complete, please give a copy to the parent and forward the original document to: Student Transportation Services, GSR # 125-Garden Level, or scan and e-mail to stutran@cps.edu. If approved, the STS will enter the transportation request in ASPEN as Trans Type “XN”.

Principal’s Signature (MANDATORY):	Date:

--FOR CPS / STUDENT TRANSPORTATION SERVICES USE ONLY--

Trans Record in ASPEN: Y / N		Home address same in ASPEN: Y / N		Same parent/guardian in ASPEN: Y / N		() Entered in FP	
() Approved	Route assigned:	Stop Location:		() Entered in ASPEN	Name:	Date:	
() Denied	Reason:				Name:	Date:	
() Other							