



Transportation Department

480 East Midland Road
Bay City, Michigan 48706

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David Pfund
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UST A&B Systems Operator

Bay City Public Schools

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Stephen C. Bigelow, Ph.D.
Superintendent

TO: Parents of Bay City Public Schools Students

FROM: David H. Pfund, Director

DATE: January 10, 2018

RE: 2018-2019 Bus Transportation Information Requested by June 14, 2018

Dear Parents,

This letter contains information vital to providing your child with safe and reliable transportation during the **2018-2019 school year**. Please take a few minutes to provide **Transportation** with the most **current home, Daycare or Shared-Custody information or no bussing needed** for your child/children on/before June 14, 2018 by completing the form attached to this letter. In addition, bussing for those students enrolled in School of Choice/Building of Choice, Special Education, Gifted & Talented & Wenona Alternative Center are addressed on the form also.

Mail the completed forms (**one form per child - please combine multiple forms in one envelope**) back to our office at: BCPS Transportation Department, 480 Midland Road, Bay City, MI 48706.

As a reminder, students are limited to 2 (two) addresses for daily transportation to-and-from school. Child Daycare/Sitter & Shared-Custody information (pick-ups/drop-offs) needs to be updated each school year; information does not carry over year-to-year.

*We transport more than 5,500 students to and from our schools every day, across 254 square miles, driving 6,000 miles per day! It takes accurate information from you and the knowledge and background of our staff to determine more than 5,428 pick-up and drop-off sites. We appreciate your assistance in helping us input your information into our computer in a timely fashion. **With your assistance, our goal is to continue to provide you with accurate, timely notification of your family's bus route(s), thus allowing you time to plan for your family. Expect a postcard from us in late-August with the bus route information. Thank you very much for your anticipated assistance and cooperation.***

If you have additional questions, please feel free to call our Dispatch Office phone at 662-4416. *Printable* copies of our Transportation form are available online at www.bcschools.net. From the Transportation page, select file named **Student Transportation/Daycare /Shared-Custody form for 2018-19** and print.

Sincerely,

David Pfund

Bay City Public Schools Transportation Department
STUDENT TRANSPORTATION/DAYCARE/SHARED-CUSTODY FORM

PLEASE USE ONE FORM PER CHILD!

Student Name _____ **2018-19** School Attending _____

Telephone No. _____ Alt. Phone No. _____ **2018-19** Grade _____

Home Address of Student _____
(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)

1st Cross Street _____ 2nd Cross Street _____

CHECK ANY THAT APPLY:

- Our child *does not need* transportation in 2018-2019. Stop here, please check the box and return this form with your student's name/address at the top as indicated.**
- Our child *needs* transportation to & from HOME ONLY - no other sites in 2018-2019. Stop here, please check the box and return this form with your student's name/address at the top as indicated.**
- Our child *does not need* transportation to & from HOME, only from following Day Care/Shared-Custody Sites in 2018-2019.**
- Our child *needs* transportation to or from HOME and also from following Day Care Shared-Custody Sites in 2018-2019.**
- School of Choice (*Out of District*) / Building of Choice (*Other than home school*)**
Please complete entire form.
Dispatch Office will review your requests & provide transportation as allowed within their guidelines.
- Gifted & Talented Program**
Please complete entire form.
Dispatch Office will review your requests & provide transportation as allowed within their guidelines.
- Special Education**
Please complete entire form.
Bussing is provided for this program of need. If however, a program is offered in two locations and a parent opts for a choice that involves additional transportation, bussing will not be provided.
- Wenona Alternative Center**
Please complete entire form.
Dispatch will review your requests & provide transportation as allowed within their guidelines.

DAYCARE/SHARED-CUSTODY INFORMATION

AM Pick-up Address (for Day Care/Sitter/Shared -Custody (*name/phone*): _____):

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)

1st Cross Street _____ 2nd Cross Street _____

PM Take-home Address (for Day Care/Sitter/Shared -Custody (*name/phone*): _____):

(No.) (N.S.E.W.) (Street) (St. Rd. Dr. Cir. Ave. Ln., etc.) (City) (Zip)

1st Cross Street _____ 2nd Cross Street _____

Your signature on this completed form and returned to us indicates your understanding and agreement of the Transportation Policy.

(Parent/Guardian's Signature)

(Date)

Please return form to: Bay City Public Schools, Transportation Dept., 480 Midland Road, Bay City, MI 48706