

Transportation Department

480 East Midland Road Bay City, Michigan 48706

Tel: (989) 662-4416 Fax: (989) 662-4999 David Pfund Director UST A&B Systems Operator

Bay City Public Schools

910 North Walnut Street Bay City, Michigan 48706

Tel: (989) 686-9700 Fax: (989) 686-1047 Web: www.bcschools.net

Janet Greif Superintendent

TO:

Parents of Bay City Public Schools Students

FROM:

David H. Pfund, Director

DATE:

January 11, 2017

RE:

2017-2018 Bus Transportation Information Requested by June 14, 2017

Dear Parents,

This letter contains information vital to providing your child with safe and reliable transportation during the 2017-2018 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, 2017 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. <u>Printable</u> copies of our Transportation form are available online at <u>www.bcschools.net</u>. From the Transportation page, select file named <u>Student Transportation/Daycare/Shared-Custody form for 2017-18</u> and print.

Sincerely,

David Pfund

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

PLEASE USE ONE FORM PER CHILD!

Last, First elephone No			2017-18 School Attending			
			. Phone No	2017-18 Grad	2017-18 Grade	
me Addr	ess of Student (No.)	(N.S.E.W.) (Street)	(St. Rd. Dr. Cir. Ave. Ln., etc.)	(City)	(Zip)	
1st Cr	oss Street		2nd Cross Street			
HECK A		need transportation	in 2017-2018. Stop here, <i>pleas</i> s at the top as indicated.	e check the box and return	this	
	Our child <u>needs</u> transportation to & from <u>HOME ONLY</u> - no other sites in 2017-2018. Stop here, <u>please check the box and return</u> this form with your student's name/address at the top as indicated.					
	Our child <u>does not need</u> transportation to & from HOME, <u>only from following Day Care/Shared-Custody Sites</u> in 2017-2018.					
	Our child <u>needs</u> transportation to or from <u>HOME</u> and also <u>from following Day Care Shared-Custody</u> <u>Sites</u> in 2017-2018.					
	Please complete entire f	orm.	ng of Choice (Other than home school			
	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. *WHS area students who attend Wenona will only be bussed back to WHS building (no transfer buses available to take to homes).					
		DAVCARE/SE	IARED-CUSTODY INFORMA	TION		
AM P	ick-up Address (for I		-Custody (name/phone):			_):
	(No.) (N.S.E.W.) (Street) (St. I	Rd. Dr. Cir. Ave. Ln., etc.)	(City)	(Zip)	
	1st Cross Street		2nd Cross Street			
			ed -Custody (name/phone):):
	(No.) (N.S.E.W.) (Street) (St. I	Rd. Dr. Cir. Ave. Ln., etc.)	(City)	(Zip)	
11			2nd Cross Street			
	signature on this comportation Policy.	npleted form and return	med to us indicates your understan	nding and agreement of the		
		(Parent/Guardi	an's Signature) ransportation Dept., 480 Midland R	(Date)		