

**DUTCHESS COUNTY DEPARTMENT OF BEHAVIORAL AND COMMUNITY HEALTH
PRESCHOOL SPECIAL EDUCATION
STUDENT TRANSPORTATION FORM**

Children placed by the CPSE in special education preschools are eligible for transportation assistance, in the form of parent transportation reimbursement or bussing. Bussing will begin when the Dutchess County Department of Community and Behavioral Health (DCDCBH) has received written notification of approval from the school district **AND this form is returned to DCDCBH.**

Date form filled out _____

Child's Name _____ School District _____

Special Ed Preschool / Site _____

Days _____ Time _____

Date of Birth _____ Start Date _____

Please select your transportation choice (Parent Transportation or Bus Service) below:



PARENT TRANSPORTATION

Education law encourages parents to transport their own children and provides for parent reimbursement for these expenses, if necessary.

Parent transportation is the typical experience for a preschool child attending an early childhood program. It provides parents with regular opportunity to talk with the child's teachers and therapists.

☐ I will transport my child to preschool
I am not requesting reimbursement.

☐ I will transport my child to and from preschool.
☐ Please send me information about reimbursement at the following address:

Name _____
Street _____
City/State/Zip _____
Phone _____

☐ I will transport my child one-way. Please send me information on reimbursement.

Parent signature & date

PARENT CONTACT INFO

Home Phone# _____ Work Phone# _____

Cell Phone# _____ Other # _____

Return to: Preschool Special Education, Dutchess County Dept. of Behavioral and Community Health, 85 Civic Center Plaza- Suite 106, Poughkeepsie, NY 12601 or FAX to 845-486-3554 Attn: Preschool.

BUS SERVICE

For families unable to provide transportation to a school where the CPSE has placed the child, bus service is available. Bussing can be arranged from the child's home or childcare location, but the bus must pick up or drop off the child at the same location every day of the week that the child attends the program. **Child's Weight** _____

☐ I am requesting bus transportation because:

Pick up location

Street _____
Town _____
Phone _____
Contact Person _____

SPECIAL BUSSING NEEDS? (wheelchair, medical conditions, etc.)

Drop off (if different)

Street _____
Town _____
Phone _____
Contact Person _____

Parent signature & date