Transportation Request Form
Preschool and Early Intervention for Ulster County
Email completed form to ulster@prismaticservices.com

☑ **FALL 2024-25**
☐ **SUMMER 2025**

☐ Bus Transport	☐ Parent Transport	☐ Preschool	☐ Early Intervention

☐ New Student – Requested Start Date: _____
☐ Change in Student Information:
- ☐ New Home Address
- ☐ New P/U or D/O Address
- ☐ New Contact Information
- ☐ Change in Program

☐ **Special/Medical Alerts**

☐ Terminate Transportation as of: _____
☐ Terminate Parent Transport as of: _____

Child's Information:
Date of Birth: _____
☐ Male ☐ Female Weight: _____ lbs

Check box below requesting seating device:
☐ Child Safety Seat ☐ Child in Wheelchair
☐ Lap Belt (child must be 4 yrs AND 95 lbs or more)

Check below only if IEP requires:
☐ 1:1 Monitor ☐ Wheelchair Bus ☐ 1:1 RN

Name:
_____
(Last) (First) (Middle)

Home Address:
_____ N.Y._____
(Street Name) (City) (Zip Code)

_____
(Home School District)

_____
(Mailing Address if different from Home Address)

Name of Program _____

Address: _____

Days Attending: ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Session Times: From _____ To _____

Parent/Guardian #1:
Name: _____
Relationship to child: _____
Cell Phone: _____
Work Phone: _____
Email: _____
☐ Check here if you would like to receive text alerts regarding route delays and cancellations.

Parent/Guardian #2:
Name: _____
Relationship to child: _____
Cell Phone: _____
Work Phone: _____
Email: _____
☐ Check here if you would like to receive text alerts regarding route delays and cancellations.

Complete this section ONLY IF your child is to be picked up or dropped off at an address other than the home.

Child is to be picked up at:
_____
(Street Address)
_____ N.Y. _____
(City) (Zip Code)

Temporary Changes Will Not Be Granted

Child is to be dropped off at:
_____
(Street Address)
_____ N.Y. _____
(City) (Zip Code)

In accordance with the State Education Department Office of Vocational and Educational Services for Individuals with Disabilities, Regulations of the Commissioner of Education, Pursuant to §207, §3214, §4403, §4410 of the Education Law, Part 200 Students with Disabilities §200.16 (e)(5): In developing its recommendation for a preschool student with disability programs and services, the committee must identify transportation options for the student, and encourage parents to transport their child at public expense where cost effective.

When making a selection for Parent Transport, I understand that **no exceptions** will be made to my selection below (Please refer to the Parent Handbook).

Please check one:
- ☐ I choose to have my child transported to and from school using **bus transportation**.
- ☐ I choose to transport my child **at my own expense** and do not want bus transportation or Parental Mileage Reimbursement.
- ☐ I choose to transport my child to and from school and choose to accept **Parent Mileage Reimbursement (PMR).**
- ☐ I choose to transport my child ONLY to school and choose to accept **Parent Mileage Reimbursement (PMR).**
- ☐ I choose to transport my child ONLY from school and choose to accept **Parent Mileage Reimbursement (PMR).**

If PMR is selected, Prismatic will send you a PMR packet with further information.

Both Signatures are Required to Validate This Form

_____ _____ _____ _____
(Parent/Guardian Signature) *(Date)* *(Program Provider Official Signature)* *(Date)*

By signing this Transportation Request Form the Parent/Guardian (1) acknowledges it is his/her responsibility to immediately notify the child's Preschool Program each time there is a change of address and/or phone number, and (2) approves transporting his/her child in full accordance with the above information. Transportation might be suspended if there is no current address or phone number.