

CPS JK-8 Transportation Plan

Cambridge Public Schools



INSTRUCTIONS: CPS provides bus transportation to JK-5th graders who must travel 1 mile or more in the morning or afternoon, and to 6th-8th graders who must travel 1.5 miles or more. If you have questions about whether your student can take the bus, please search for "transportation eligibility" on the CPS website, or contact 617.349.6862 or transportation@cpsd.us. Help the school and transportation department supervise your student's arrival and dismissal by listing how he/she will get to and from school each day.

Please use this form any time your transportation plan changes. Thank you!

Student Name: _____ School: _____ Grade: _____

Parent/Guardian Name: _____ Phone #: _____ Date: _____

	MORNING	AFTERNOON
MONDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
TUESDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
WEDNESDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
THURSDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
FRIDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____

Instructions to Schools: Enter in Aspen and provide copies to the student's teacher/afternoon dismissal supervisors. If students attend an after-school program located at the school, please list the school address as their bus stop.