

Date: April 25, 2017  
 To: All School Principals  
 From: James Maloney, COO  
 Re: Guidelines for Door-to-Door Transportation Services

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This memo is intended to clarify the procedure and required follow-up when a student becomes eligible for door-to-door transportation service. The procedure for requesting transportation will vary depending on the reason it is required. The following chart provides instructions for each of these circumstances. Please note that requests must be communicated to the Transportation office via **Transportation@cpsd.us** and marked URGENT.

Take special note of required documentation in special medical circumstances. To summarize:

1. Documentation of the medical need is required. Attached please find the required form, which must be completed and signed by the Parent, Physician, and Principal.
2. Please provide this documentation in advance when possible; in case of emergency, it must be provided within 5 school days of the initial request.
3. Physicians must state an estimated start and end date. To extend service, please provide documentation at least 5 school days the end of service.
4. Students with asthma will only be eligible between November 1 through April 30, with a note from their physician.

Need Area	How to Request	Documentation	Follow up by School
<b>Student Disability</b>	Student determined to be eligible by IEP or 504 Plan team, who notify the Office of Student Services.	IEP or 504 Plan	Periodic review of eligibility by IEP or 504 Plan team.
<b>Homelessness</b>	Principal notifies Homeless Liaison Mary Grassi.	Homeless Liaison Email to Transportation verifying student eligibility	Keep address updated in Aspen.  If student permanently relocates out of district, he/she may attend CPS and receive door-to-door transportation for the remainder of the school year only.
<b>Medical Issues:</b> serious illness or injury	Principals email Transportation@cpsd.us, marked Urgent.	Physician's Request Form	End date must be specified. To extend dates of service, updated medical documentation should be submitted 5 days before the scheduled end date.
<b>No bus stop available near home address</b>	Parents are contacted in August and must confirm they need bus transportation.  <b>Mid-year school entry:</b> parents contact Transportation directly	N/A	Please notify Transportation if students stop using the service

**In General:**

- Requests for door-to-door transportation may take a **minimum of 3-5 school days to process**. We will do our best to meet this goal. Families may need to arrange alternate transportation for their child in the interim.
- From time to time you may receive hardship requests from schools due to *parent* illness. In almost all cases, transportation services will not be available due to parental disability.
- Schools can help reduce frustration by the parents by explaining the process and expected timeline.
- Families may also email [transportation@cpsd.us](mailto:transportation@cpsd.us) with any questions, or call 617.349.6862 to ask their questions directly.

Cc: Assistant Principals  
School Operations Managers  
Family Liaisons  
Transportation Staff  
Office of Student Services  
Title I – Homeless Services Coordinator  
Family Resource Center  
Family Communication Manager



# Cambridge Public Schools

## Door-to-Door Transportation Request for Special Medical Circumstances



**Instructions:** This form must be completed for any student requiring door-to-door transportation due to a special medical circumstance (serious injury or illness, etc.). In an emergency, Principals may submit a request without the required medical documentation, but this must be followed by medical documentation within 5 school days of the initial request.

### 1. PARENT SECTION

*Parents/Guardians: Please complete this section and ask your child's doctor to complete section 2 or attach a letter containing all requested information.*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

PCP       Specialist (area): \_\_\_\_\_

### 2. PHYSICIAN SECTION

*To be completed and signed by the student's doctor. Or, a separate letter containing all requested information may be attached to this form.*

a) Please describe the special medical circumstance requiring door-to-door transportation service:

b) Anticipated Start & End Date

Students with asthma: **November 1 - April 30** of each school year.

Other conditions -- Start date & Anticipated End Date\*: \_\_\_\_\_

*Note: an end date is required. If the student's medical needs change and transportation services need to be extended, updated medical documentation must be submitted to the school principal five (5) days before the scheduled end date to avoid interruption in service.*

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### 3. SCHOOL SECTION

*Principal or Designee: Please sign, scan and email the completed form and attachments to [Transportation@cpsd.us](mailto:Transportation@cpsd.us). Receipt will be confirmed by the end of the next business day.*

Signature of Principal/Designee \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** We will aim to provide transportation within 3-5 school days of receiving the request from the school. Door-to-Door transportation service is subject to driver availability.