

FALLBROOK UNION ELEMENTARY SCHOOL DISTRICT

Dr. Candace Singh | Superintendent of Schools



Dear Parents and Guardians:

As we prepare for the 2021-22 school year, the Fallbrook Union Elementary School District is working towards providing transportation services as it did prior to the pandemic. The Transportation Department will be accepting bus pass applications for the **possibility** of resuming transportation services next school year. We are asking all new and returning students to complete a Bus Pass Application and return it by **May 21, 2021**.

The District plans to offer transportation services for students residing beyond a 1-1/2 mile radius from home residence to school site. Eligibility is determined based on the student's home address. There is no fee for transportation services. Eligible bus riders will receive a bus pass prior to the start of the school year on August 16, 2021. Bus passes will be mailed to the student's home address, along with the Bus Transportation Safety Rules, a diagram of the school bus loading and unloading danger zones, and a School Bus Safety Supplement. We ask parents and students to familiarize themselves with this information. If you do not receive your child's bus pass by July 30, 2021, please contact the Transportation Department at (760) 723-7075. Special education students who require transportation per their Individualized Education Plan (IEP) are exempt from this process.

The safety of our students and staff remains our top priority. The Transportation Department will continue its operations in compliance with California Department of Public Health (CDPH) guidelines. Our protocols for school bus transportation may change as we receive updated guidance from CDPH. Thank you for your patience as we navigate these unprecedented times. We look forward to safely transporting our students!

If you have any questions, please contact the Transportation Office at (760) 723-7075

With Gratitude,

FUESD Transportation Team

APPLICATION FOR SCHOOL BUS PASS 2021-2022
Fallbrook Union Elementary School District

DEADLINE FOR APPLICATION MAY 21, 2021

Please submit application to the school Site Secretary or to the Transportation Department.

***Please print or type all entries and complete all sections. Student's home address and school will be verified.
Any incomplete applications will not be processed.***

Application Information

Student's Full Name: _____ Date: _____
Last First M.I.
School of Attendance: _____ Grade: _____ DOB: _____
Residence Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Emergency Contact Information

Parent/Guardian Name: _____
Mother Father
Home Telephone: (____) _____ Cell Phone: (____) _____
Mother's Work Telephone: (____) _____ Father's Work Telephone: (____) _____
Emergency Contact: _____ (____) _____
Name Relationship Telephone

For Transitional Kindergarten (TK) and Kindergarten (K) Student Only

TK or K student to be met by parent/guardian or: _____
Name Relationship Telephone

Name Relationship Telephone

Please Read:

1. An application must be filled out for each student.
2. Parents/Guardians are advised the District does not supervise bus stops and is not responsible for the control and conduct of the students at bus stops. Parent/Guardians are encouraged to supervise their students until they safely board the school bus.
3. Parents/Guardians are required to follow the "Must Be Met" protocol for all Transitional Kindergarten and Kindergarten students.
4. I understand my child must present a valid bus pass each trip. I will review the Safe Walking Tips and Rules of Bus Conduct with my child so they understand their responsibility.

**I understand persistent failure to show a bus pass will cause refusal of transportation to my child.
I have reviewed the rules above with my child and he/she understands his/her responsibility.**

X _____
Parent/Guardian Signature

X _____
Student Signature

OFFICE USE ONLY

Bus Indicator: AM: _____ PM: _____ Date Application Received: _____
Date Processed: _____ Staff Initials: _____ IC Entered

REPLACEMENT PASS Request Date: _____ Amt. Paid: _____ Cash: _____ Check # _____