

FALLBROOK UNION

ELEMENTARY SCHOOL DISTRICT

MONIKA HAZEL | SUPERINTENDENT



Dear Parents and Guardians:

As we prepare for the 2024-25 school year, the Fallbrook Union Elementary School District is working towards providing transportation services. The Transportation Department will be accepting bus pass applications for the next school year. We are asking all new and returning students to complete a Bus Pass Application and return it by **May 31, 2024**.

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 12, 2024. 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 31, 2024, please contact the Transportation Department. 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 if we receive updated guidance from CDPH. Thank you for your patience. We look forward to safely transporting our students!

Applications may be submitted to the bus driver, emailed to twald@fuesd.org or cstandish@fuesd.org, mailed or delivered to the Transportation Department located at 825 Winter Haven Rd. Fallbrook, CA 92028. If you have any questions, please contact the Transportation Office at (760) 723-7075

With Gratitude,

FUESD Transportation Team



SAN ONOFRE
School
Only

FUESD Transportation Team
APPLICATION FOR SCHOOL BUS PASS 2024-25
Fallbrook Union Elementary School District

DEADLINE FOR APPLICATION MAY 31, 2024

Please submit the application 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: **SOS** Grade: _____ DOB: _____

Residence Address: _____
Street Address Apartment/Unit #

City State ZIP Code

*Is your child enrolled in the Student Age Care (SAC) program? AM ☐ PM ☐ N/A ☐

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 and Kindergarten 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: _____ ☐ CDC Student

Staff Initials: _____ ☐ IC Entered