## MAGNET BUS STOP FORM

## **2016-2017 School Year**

Check all that apply: ☐ New Magnet Student/School ☐ Continuing Magnet Student ☐ Accepted from Waiting List

## **Guidelines for Magnet Bus Stops:**

- <u>Elementary</u> students may walk up to one and one-half miles from home to their neighborhood school for a bus stop.
- <u>Secondary</u> (middle and high) stops will be made on Express Routes primarily at schools or public locations. The distance between home and the nearest bus stop may be greater than the district policy of one mile.
- Parents/guardians should plan to assist and supervise their children who walk to and from bus stops and while waiting at a stop for the bus to arrive.

Submit completed form by mail to:

Duval County Public Schools Transportation Department 129 King St., Jacksonville, FL 32204

Or by fax to: (904) 858-6214

COMPLETING THIS FORM PROVIDES AWARENESS TO THE TRANSPORTATION DEPARTMENT THAT YOUR CHILD INTENDS TO RIDE A SCHOOL BUS AND ALLOWS US TO ASSIGN THEM TO THE CLOSEST BUS STOP AVAILABLE.

## **DEADLINES:**

- **June 10, 2016** is the deadline to submit this form in order to be contacted for bus stop information for the 2016-2017 school year.
- Two weeks before school begins magnet bus stops will not be added so that route timing can be finalized.
- If you met the magnet application deadline (Feb. 29, 2016) but were accepted to a magnet school from a waiting list AFTER June 10, 2016, submit this form when your child is accepted and it will be processed as soon as possible.

CTUDENT NAME.			
	established transportation zones to hoice.com for zone information.)	be eligible for transportation. See the School Reference	ce
STUDENT I.D. NUMBER	:	BIRTHDATE:	
The information below wil students will be assigned to	l be used to determine the closest to Express Routes, with stops made at. Please comment below if your	ous stop to the home address. REMINDER: Seconda primarily at schools or public locations selected by the child intends to ride a bus to/from somewhere other to	<u>he</u>
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		ZIP:	
HOME ADDRESS:		ZIP:	
HOME ADDRESS: PARENT/GUARDIAN NA HOME PHONE: <b>Note: <i>Proof of address wil</i>l</b>	AME: WORK/CELL PHONE: l be required if the address listed a		y in
HOME ADDRESS: PARENT/GUARDIAN NA HOME PHONE: Note: Proof of address will the District student databa. COMMENT:	AME: WORK/CELL PHONE: l be required if the address listed a se.	EMAIL:	

You will be notified via phone of your bus stop approximately 2 weeks prior to the first day of school. Please keep a copy of this completed form for your records.

Rev. 02/2016