

MAGNET BUS STOP FORM

2019-2020 School Year

Submit only for new magnet students or continuing magnet students if previous transportation plan has changed.

Guidelines for Magnet Bus Stops:

- Elementary students may walk up to one and one-half miles from home to their neighborhood school for a bus stop.
- Secondary (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 ensure the safe travel/transport of students to and from the bus stop and supervision while at the stop.

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

DEADLINES:

- **May 31, 2019** is the deadline to submit this form in order to be contacted for bus stop information.
- 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. 28, 2019) but were accepted to a magnet school from a waiting list AFTER May 31, 2019, submit this form when your child is accepted and it will be processed as soon as possible.

STUDENT NAME: _____

MAGNET SCHOOL: _____

Students must live within established transportation zones to be eligible for transportation. See the *School Choice Reference Guide* for zone information. Visit dcps.duvalschools.org for a copy of the *School Choice Reference Guide*.

STUDENT I.D. NUMBER: _____ BIRTHDATE: _____

NEIGHBORHOOD (ZONED) HIGH SCHOOL: _____

*The information below will be used to determine the closest bus stop to the home address. **REMINDER: Express Route service is provided to secondary students in the afternoon. Express Routes have limited stops made primarily at schools or public locations selected by the Transportation Department. Please comment below if your child intends to ride a bus to/from somewhere other than the home address and provide the address.***

HOME ADDRESS: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

Note: Proof of address will be required if the address listed above is different from the residence address currently in the District student database.

COMMENT: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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