



Valley Stream UFSD Thirteen

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Constance D. Evelyn, Ed.D.
Superintendent of Schools

Gerard Antoine
Assistant Superintendent
for Business and Human Resources

WALK-BACK PASS APPLICATION 2019-2020 SCHOOL YEAR

DATE OF APPLICATION: _____

STUDENT NAME
AND GRADE: _____

SCHOOL OF ATTENDANCE: _____

REASON FOR REQUEST:

____ Student is in Grade 4, 5 or 6 and no longer qualifies based on distance (less than 1 mile)

____ Younger sibling qualifies for transportation (currently takes school bus? ____ yes ____ no)

____ Student's address is ineligible for transportation per district policy
(Less than ½ mile from school, grades K-3; Less than 1 mile from school, grades 4-6)

____ Other (Please specify): _____

IF YOU KNOW THE BUS / STOP YOU WOULD LIKE THE WALK-BACK PASS
ISSUED FOR, PLEASE SPECIFY BELOW:

BUS NUMBER (i.e. WHEELER 2, WILLOW 4, etc.): _____

EXISTING BUS STOP LOCATION: _____

Please complete and sign the reverse side of this application →

Please be advised of the following rules and restrictions governing the Valley Stream UFSD Thirteen WALK-BACK PASS Program:

- *Buses that are at 80% capacity or above based on ALL ELIGIBLE RIDERSHIP are ineligible for this program*
- *Walk-Back passes will be issued in the order of lowest grades first*
- *Issued passes are valid for the specified bus stop only, with no exceptions*
- *Bus Stops will NOT be moved or added to any existing routes*
- *As with all passes, Walk-Back passes MUST be carried every day*
- *Passes can be rescinded at any time, at the discretion of the District, based on an increase of registration, discipline issues, etc.*
- *Walk-Back Passes expire at the end of the school year. You must re-apply each year*

THE WALK-BACK PASS PROGRAM CANNOT COMMENCE UNTIL A FULL ANALYSIS OF DISTRICT RIDERSHIP IS COMPLETED, WHICH WILL BE NO EARLIER THAN THE FIRST WEEK OF OCTOBER.

Parent / Student Agreement:

We have reviewed and agree to the above rules and regulations regarding the Walk-Back Pass Program for the 2019-2020 School Year.

Parent/Guardian Signature

Date

Student Signature

Print Name

Email Address / Contact Number

Please submit this application to your school's main office.

FOR OFFICE USE ONLY

Principal's Signature/Date: _____

Received by Business Office (Date Stamp): _____

DISPOSITION: _____ Approved _____ Denied

Bus/Stop: _____ Reason: ___ Bus Ineligible for Program
_____ Other:
