



Valley Stream UFSD Thirteen

585 North Corona Avenue • Valley Stream, New York 11580 • (516) 568-6110
www.valleystream13.com

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

Gerard Antoine
Assistant Superintendent
for Business and Human Resources

TO: Valley Stream UFSD Thirteen Families

FROM: Gerard Antoine
Assistant Superintendent for Business and Human Resources

DATE: June 19, 2019

RE: **WALK-BACK PASS PROGRAM**

I am happy to report that this year, our newly-created Walk-Back Pass program was a success! We were able to accommodate over 60 students who were otherwise ineligible for transportation services according to district policy. We did this through a careful analysis of the ridership numbers on our existing in-district buses, identified those buses with available seats, and offered them to students who lived close enough to walk to existing stops along our established bus routes.

In preparation for the upcoming school year, please be advised of the following:

- Applications for the 2019-2020 Walk-Back Pass program will be posted on our District Website, www.valleystream13.com, beginning on Monday, August 12, 2019. They will also be available at your child's school or at the business office after August 16th.
- All applications are to be submitted to your child's school for the Principal's review and signature. They will then be forwarded to the business office for processing.
- By the end of September, all applications will be sorted, reviewed and approved or denied as follows:
 1. Buses with sufficient seat capacity will be identified to participate in program (Must be at less than 80% assigned capacity)
 2. If student's bus qualifies for program, placement will begin with lower grades first, and progress to upper grades.

PLEASE UNDERSTAND THAT WE WILL NOT HAVE INFORMATION REGARDING THE STATUS OF ANY APPLICATIONS UNTIL OUR FINAL ANALYSIS IS COMPLETED.

Refraining from calling the business office and/or your child's school until you receive notification will help us greatly in our efforts to make our determinations as quickly as possible. We look forward to and greatly appreciate your understanding and cooperation during this process.



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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 be 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:
