



TRANSPORTATION: VAN RULES

FOR CHILDREN:

1. Seat belts are to be worn always while in the van. The children are not allowed to take the seat belts off until the van has come to a complete stop. Upon coming to a complete stop, only the children getting out of the van may take their seat belts off, all others are to remain seated and belted in.
2. There will be absolutely no EATING or DRINKING on the vans.
3. There will be absolutely no HORSE PLAYING in the vans. When this occurs, it distracts the driver's attention from concentration on the road and possible hazards. This includes: throwing things, yelling, loud voices, and fighting with other children.

Consequences for children will be as follows:

1. Verbal warning
2. Written warning with call to parents
3. Parent/Manager conference with parent in person
4. Suspended for 1 week from transportation
5. Expelled from transportation

FOR PARENTS:

1. Parents are to load and unload children onto the van. They should make sure their children are buckled correctly.
2. Parents have 5 minutes from the time the driver notifies you they arrive to come out.
3. If children are absent from school or you have made other arrangements for pickup for your child, parent must call center Imagination Station (702-201-5795) with 24-hour notice of change. (unless there is an emergency)
4. There will be a 48 hours' window for any new transportation or changes to transportation routes.
5. Home pick up/drop off have a ½ hour period for transportation service. 15 prior to and after pick up/drop off
6. Staff and Parents will remain respectfully at all times.

Consequences for parents will be as follows:

1. Written fine of \$5.00 (needs to be paid by the following Friday) If fine is not paid there will be no transportation for the following week.

Print Name: _____

Parent's signature _____

Date: _____

Student signature _____

Date: _____

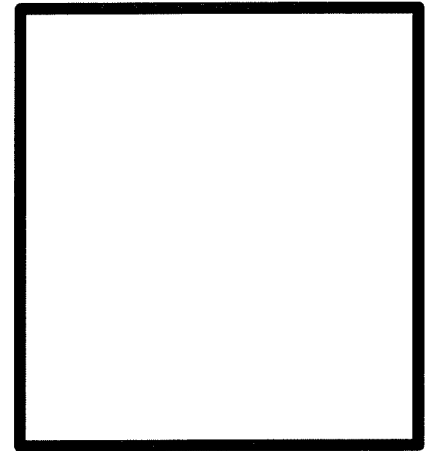
Manager signature _____

Date: _____



TRANSPORTATION

702-457-8889 Boulder
702-457-8885 Fax
702-878-8887 Sunset
702-878-8886 Fax



Child's Name: _____

Date Turned in to transportation department: _____

Start Date: _____

HOME TRANSPORTATION

OR

SCHOOL TRANSPORTATION

Mon Tue Wed Thurs Fri

Time of Pick up _____

Time of Drop off _____

Home Address: _____

Parents Name: _____

Cell # _____ Home # _____ Work # _____

Alternate phone # _____

School Name: _____ School Number: _____

Grade _____

School Address: _____

Car seat provided? Yes _____ No _____

****If car seat is provided it must be clearly labeled****

Notes: _____

Transportation Coordinator Approval _____ Date: _____