**THE GOVERNOR MOREHEAD SCHOOL FOR THE BLIND**

**Parent/Legal Guardian Transportation Agreement**

This AGREEMENT is made and entered on this \_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_\_ between the Department of Public Instruction, the **Governor Morehead School**, hereafter referred to as the “School,” and (Parent/Legal Guardian Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereafter referred to as the “Parent”. This AGREEMENT shall be effective ***August 2018 through June 2019***, unless terminated in accordance with the AGREEMENT.

WHEREAS, the Parent will transport a child with special needs as defined by G.S. 115C-109 who is in need of transportation from the student’s home to a designated bus stop and/or school; and WHEREAS, the School has determined that it is necessary to have an agreement with a parent/legal guardian.

For that reason, the Parent has agreed to transport the student(s) according to the terms and conditions as described in this AGREEMENT.

NOW, THERFORE, for and in consideration of mutual commitments, as hereinafter set forth, the parties do mutually agree as follows:

1. The Parent shall provide transportation for Student(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between the home address and the designated bus stop and/or **The Governor Morehead School**, for a total of \_\_\_\_ miles per round trip for the August 2018-June 2019 school year. (If reimbursement is going to be requested for anything different than from your home to the designated bus stop during the year, please attach a signed explanation.)

During this period, the Parent will:

* Provide a motor vehicle which meets all North Carolina Division of Motor Vehicles safety inspection requirements,
* Maintain a valid NC Driver’s License and provide a copy at the beginning of the school year to the Transportation Coordinator,
* Maintain proper liability insurance coverage by providing copy of Vehicle Registration Card at the beginning of the school year,
* Assume total responsibility for the safety of the Student(s) during the time the Student(s) is being transported,
* Agree that the Governor Morehead School, DPI, and the State of NC will not be responsible for personal injuries or property damages incurred as a result of transporting the student(s),
* Submit the Request For Reimbursement of Transportation Expenses form by the 10th of each month for proper processing,
* Submit request for reimbursement for transporting students within the same school year,
* Provide the name, address, and telephone number on the Student Information Form when using an Alternate Driver,
* Provide a copy of Driver’s License and Vehicle Registration Card of Alternate Driver at the beginning of the school year or at least one week in advance of transporting the student,
* Receive reimbursement when following documents are on file at School: Transportation Agreement, Copy of Parent/Legal Guardian Driver’s License, Copy of Parent/ Legal Guardian Vehicle Registration Card, Transportation Student Information Form, Parent/Guardian Acknowledgment documents, Copy of Alternate’s Driver’s License (if applicable) and Copy of Alternate’s Vehicle Registration Card (if applicable).
1. The School’s Transportation Coordinator or designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will supervise the administration of this agreement.
* The School will reimburse the Parent based on the IRS standard mileage rate for the miles/trips driven by the Parent transporting the Student to designated location.
* The Governor Morehead School, DPI, and the State of NC will not be responsible for personal injuries or property damages incurred as a result of transporting the student(s).
1. Either party may suspend or terminate this agreement at any time for cause and with written notice to the other party.
2. This agreement contains the entire understanding of the parties and it may not be altered, amended or modified except by written statement, executed by each of the parties hereto.

The individuals listed below acting in their official capacities hereby execute this AGREEMENT. By signature, each party certifies that the terms and conditions contained herein do not represent a conflict of interest and are in compliance with state and federal antitrust laws and civil rights laws.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** Date**\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date\_\_\_\_\_\_\_\_\_\_\_

Signature (Transportation Coordinator) Signature (Parent/Legal Guardian)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** Date**\_\_\_\_\_\_\_\_\_\_\_** Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Business Manager) City: **\_\_\_\_\_\_\_\_\_\_\_\_** State: **\_\_\_\_** Zip Code: **\_\_\_\_\_\_\_\_\_\_**

Phone # (h) \_\_\_\_\_\_\_\_\_\_\_ (w) \_\_\_\_\_\_\_\_\_\_\_

 Last Four digits SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person to be reimbursed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE GOVERNOR MOREHEAD SCHOOL FOR THE BLIND**

**TRANSPORTATION STUDENT INFORMATION 2018-2019**

This information will be on the bus on which your child travels. Please print clearly.

|  |
| --- |
| **BASIC INFORMATION** |
| Student’s Name:  |
| Mother’s Name:  | Father’s Name:  |
| Address:  |
| City:  | State:  | Zip:  |
| Home Telephone Number:  | Email address:  |
| Mother’s Cell Number:  | Work Number:  |
| Father’s Cell Number:  | Work Number:  |
| **EMERGENCY CONTACT TELEPHONE NUMBERS** |
| 1.  | 2. |
| 3.  | 4. |
|  |
| **PARENTAL/GUARDIAN RELEASE OF CHILD TO PERSONS OTHER THAN LEGAL GUARDIAN (Alternate Driver)** |
|  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give transportation safety assistant permission to

 Parent / Guardian Name  release my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to those listed below in the event I am unable to meet my child at the designated bus stop with Alternate’s Driver’s License and Vehicle Registration Card on file at school

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone |
|  |  |  |
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***NOTE:***

***Under no circumstances will students be left unattended at bus stops.***

**DAY and RESIDENTIAL TRANSPORTATION, 2018-2019**

**RESPONSIBILITIES AND GUIDELINES FOR PARENTS/GUARDIANS AND STUDENTS**

As in previous years, transportation will be provided to ensure that students travel safely to and from school. Below are responsibilities and guidelines that must be followed by parents/guardians and students. These responsibilities and guidelines are established to provide fair, satisfactory and above all, safe conditions for students, bus drivers, transportation traffic assistants (monitors), parents/guardians, and those traveling the state highways and interstates.

Our priority is to provide a safe, effective means of getting your child to and from school. Consequences for not following these guidelines will be considered grounds for suspension from transportation.

**Parent/guardian responsibilities and guidelines when students are being picked up and/or dropped off at the designated bus stops:**

1. Parents/guardians need to pick up their child at the designated time and location.
2. The bus will wait 10 (ten) minutes only and then go to the next designated stop.
3. If the parent/guardian is not at the stop when the bus arrives:
	1. A transportation safety assistant will call parent/guardian from the designated bus stop.
	2. If the transportation safety assistant cannot reach anyone at the numbers provided, transportation safety assistants will contact the School’s Transportation Liaison who will continue to try to reach someone at the numbers provided.
	3. If a parent/guardian does not show up to pick up their child and the school is unable to make any contacts, a call will be placed to the School’s Transportation Director, School Director and School’s Social Worker informing them of the situation.
	4. The local county Department of Social Services or local Sheriff’s Office may be contacted.
	5. Failure to show up may result in a neglect investigation by the school.
4. The parent/guardian has the option of either:
	1. Following the bus to the next designated stop, or
	2. Picking up their child where the route originated after bus returns from route. Reimbursement under this circumstance will only be paid from home to designated bus stop.
5. Parents/guardians who do not arrive at the bus stop on time may be required to transport their children to and from school.
6. Parents/guardians with (a) child/children that are over the age of 18 may give written permission to leave their child/children at the bus stop without someone there to pick them up. This permission must be written and on file with the school and renewed periodically.
7. If you notice that the bus in not usually on time, please let us know. Please keep in mind that traffic and unexpected situations sometimes delay the routes.
8. If the bus is running late, we will contact you at numbers provided; however, if there are no answers at the numbers provided, we expect you to contact the bus monitor or Transportation Director/Coordinator.
9. Parents/guardians are responsible for retrieving student’s luggage and belongings at the designated bus stops and/or school.

**THE BUS DRIVER WILL NOT STOP**

**ON THE SIDE OF THE HIGHWAY OR AT OTHER NON-DESIGNATED PARKING AREAS EXCEPT FOR EMERGENCY SITUATIONS.DAY and RESIDENTIAL TRANSPORTATION, 2018-2019**

**RESPONSIBILITIES AND GUIDELINES FOR PARENTS/GUARDIANS AND STUDENTS**

**Communication:**

1. If you decide to pick your child up at school or send your child home with another student, you must follow these procedures:
	1. Signed, written notification by parent/legal guardian (letter or fax) must be sent to the School’s Transportation Director/Coordinator 2 days prior to departures. (Note: The request to send your child home with another student may be denied, depending on the circumstances and whether or not there is ample room on the bus.)
	2. Residential Students: If you have a change of plans from the earlier written notification on Sunday or the day we are returning students to school, you may telephone the Transportation Director/Coordinator
	3. Day Students: If you have a change of plans from the earlier written notification, you may telephone the Transportation Director/Coordinator.
	4. If no prior arrangements have been made, your child will ride on the regular mode of transportation.
2. If the school for any reason sends the child home, written notification will not be necessary.

**Medicines:**

1. Parents/guardians will initial a medicine form, if applicable; to document their child’s medicine was received by the transportation safety assistant. The medical forms will be on the bus.
2. Please continue to give the transportation safety assistants your child’s medication. Do not put it in his/her suitcase.
3. The transportation safety assistants will give medicine to the Health Center upon arrival to campus.

**Cash Management:**

1. You may give the transportation safety assistants your child’s spending money. Only cash will be accepted.
2. It must be in a sealed envelope, marked with student name, the amount of money stated, and labeled to whom the envelope should be given. Transportation staff will not take money that is not in a sealed envelope and marked appropriately.
3. The transportation safety assistants will give the envelope to the appropriate school staff when they arrive on campus.
4. A receipt will be furnished to the parent/legal guardian.

**Snacks**: Our dietary department will provide snacks for the students who travel longer than 3 1/2 hours on the bus.

**Lost Items:** We will make reasonable efforts to ensure the safety of the student’s luggage and personal belongings; however, we are NOT responsible for items that are lost or stolen.

**Reimbursement**: Reimbursement **will not** be paid if the following documents are not submitted at the beginning of the school year:

* Transportation Agreement
* Copy of Parent/Guardians Driver’s License
* Copy of Parent/Guardians Vehicle Registration Card
* Transportation Student Information Form
* Parent/Guardian Acknowledgment
* Copy of Alternate’s Driver’s License
* Copy of Alternates Vehicle Registration Card

Reimbursement **will not** be paid for school registration, IEP meetings, school functions, graduation, extra-curricular activities, picking up a student for suspensions, sickness, or doctor appointments, per transportation policies.

**Student responsibilities and guidelines:**

1. When students are dismissed from class to go home, they will go to the bus that will take them home.
2. Once a student gets on the bus, he/she will not be allowed to get off the bus until they reach their designated bus stop. Exceptions will be made only in emergency situations.
3. Students will be separated on the bus in the following order:
	1. Females and males will not sit in the same seats.
	2. Seating arrangements are made in best interest of student(s).
4. Students must use headphones with their radios so sound is not heard in the next seat.
5. Bus radios are not for student or staff use.
6. Students must remain in seats while bus is moving. No standing, leaning over seats, or feet in aisles while bus is moving.
7. The School’s Code of Conduct will be followed. If any offenses occur on the bus, students will be disciplined according to the Policy. Examples include, but are not limited to, fighting, profanity, disruption, etc.

**DAY and RESIDENTIAL TRANSPORTATION, 2018-2019**

**RESPONSIBILITIES AND GUIDELINES FOR PARENTS/GUARDIANS AND STUDENTS**

**Parent/Guardian Acknowledgement of Responsibilities and Guidelines**

As the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name

I acknowledge that I am in receipt of, have read and understand the information specific to the transportation responsibilities and guidelines. My signature reflects my commitment to abide by the procedures as they were provided to me.

Parent/Legal Guardian and Certifies that the Above Information is True.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Parent/Legal Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

EDUCATION SERVICES FOR THE DEAF AND THE BLIND

REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

**PLEASE PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** For the Month of\_\_\_\_\_\_\_\_\_, 2018-2019

Name of Student (If you transport more than one student, list the names of all students).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending School at GMS - Raleigh, North Carolina

**TRAVEL DETAILS (List each school day you traveled) Residential Student Day Student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Travel** | **From (your home address)** | **To (school or the pick-up drop-off location)** | **Number of Miles** |
| **One Way** | **Per Day** |
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Total number of miles for the month \_\_\_\_\_\_\_\_

Total Amount Due for the Month @ $0.545 per mile $ \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Transportation Coordinator I certify that the above information is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Approved for Payment by Assistant Business Managers Claimant’s Signature

Name of Person to be Reimbursed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/Route or P.O. Box Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last 4 digits SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N.C. Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Do Not Write Below This Line – Accounting Use Only*

 TRANSPORTATION \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ NEW

 MONTH YEAR CHANGE OF ADDRESS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **AMOUNT** | **DR/CR** | **(4 char)Company** | **(Max 11 char) Account** | **(Max 12 char) Center** | **Account Code** |
|  |  |  | **0801** | **532731** | **186416014544** |  |