

**Wee Care Program  
Tucson Unified School District**



Welcome to Tucson Unified School District! *Wee Care* is a program for our TUSD kindergarten bus riders. It is focused on enhancing safety procedures for our newest bus riders. **If your child is eligible for transportation** and will be riding a TUSD school bus, please be aware of the following added safety-related procedures designed to make your child's ride home as safe as possible.

**A parent/guardian choosing transportation on a TUSD yellow bus for their eligible kindergarten student must designate how their student will be met at the assigned bus stop each day.** Be certain your child knows the way to and from their assigned bus stop. Please practice before school starts.

If the person designated to meet your child at the bus is unable to make it on any day, the parent/guardian must agree to accept responsibility for making alternate arrangements for the student to be met at the bus stop. The parent/guardian is responsible for notifying the school in the morning or as soon as possible.

**If the designee or 'bus buddy' is not at the bus stop, the student will be kept on the bus.** The Transportation Department will attempt to contact the parent/guardian to arrange for pickup. They can be reached at 502-225-4800. Repeated failure to meet the bus will result in loss of rider privileges.

**Wee Care Transportation Election for Eligible Kindergarten Students**

My student: (choose all that apply)

- Will NOT require TUSD transportation after school
- Will be met by the parent/guardian or a designated adult
- Will walk home with a sibling or 'bus buddy'

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
(cannot be a kindergarten student)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
School (Print)

I accept responsibility for the information provided on this form and agree to keep my school informed of my latest emergency contact information.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Return Form to School by May 16**