

APPLICATION FOR FREE/REDUCED BUS PASS 2011-2012

Snowline Joint Unified School District ~ Transportation Department

9558 Wilson Ranch Road ~ Phelan ~ California 92371 ~ (760) 868-5624

INCOME DISCLOSURE-SUPPLEMENTAL FORM & REQUIRED DOCUMENTS MUST BE SUBMITTED

1. Information about Parent or Guardian (Please Print)

Name _____ Home Phone (____) _____
Physical Address _____ Mailing Address: _____
City, State, and ZIP _____ City, State, and Zip _____

2. Information about Student(s) and Pass(es)

FIRST STUDENT

Full Name _____ Date of birth _____
School _____ Grade (2011-2012): _____
Type of Bus Pass (Check one)
 1st Semester round-trip (\$80.00) 2nd Semester round-trip (\$80.00)

SECOND STUDENT

Full Name _____ Date of birth _____
School _____ Grade (2011-2012): _____
Type of Bus Pass (Check one)
 1st Semester round-trip (\$70.00) 2nd Semester round-trip (\$70.00)

THIRD STUDENT

Full Name _____ Date of birth _____
School _____ Grade (2011-2012): _____
Type of Bus Pass (Check one)
 1st Semester round-trip (\$62.50) 2nd Semester round-trip (\$62.50)

(1st Semester Bus Pass valid 8/11/11 through 12/16/2011 ~ 2nd Semester Bus Pass valid 1/06/2012 through 5/25/2012)

3. Instructions: Please **mail** or **bring** this application, Income Disclosure-Supplemental Form, required documentation and your **payment**, for each student, to: Snowline Joint Unified School District Transportation Bus Pass Office: P.O. Box 296000 - 9558 Wilson Ranch Road, Phelan, CA 92329-6000

4. Method of Payment: *Please do not send cash.*

Check or Money Order - Payable to S.J.U.S.D. Transportation
S.J.U.S.D. will assess a \$10.00 service charge for any returned checks.

My child may walk off the bus at his/her designated bus stop, independently, and does not have to be met by an adult or other authorized person () YES () NO (“must be met” form on file at Transportation)

_____ My initials authorize SJUSD Transportation to transport my student to and from the assigned bus stop as printed on bus pass. I also realize that my student must adhere to the rules and regulations for safe bus riding as per the School Bus Riders Rules. Please read and go over the attached School Bus Riders Rules with your student(s). With your help and the cooperation of all the student passengers, we will be able to continue to provide safe transportation for all passengers.

DISTRICT USE ONLY

BUS PASS INFORMATION:

ASSIGNED BUS STOP: _____ BUS ROUTE: _____
TYPE OF PASS: _____ ELIGIBILITY VERIFY _____ TOTAL AMOUNT PAID _____
PASS ISSUED BY: _____ METHOD OF PAYMENT _____
MAILED or HANDED TO PARENT/STUDENT: _____ DATE PROCESSED: _____