

# BUS PASS APPLICATION

## PARADISE UNIFIED SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT

**RETURN APPLICATION TO TRANSPORTATION OFFICE ~ 610A Pearson Road**

**(Mailing Address: 6696 Clark Road, Paradise, CA 95969)**

*Please make checks payable to PUSD*

Option #1: **Annual Round Trip** \$194.40  
 Option #3: **Annual One Way AM or PM (circle)** \$97.20  
 Option #4: **Ten Ride Punch Pass** Qty. \_\_\_\_\_ \$6.00

Option #2: **Biannual Round Trip (expires 1/15/19)** \$97.20  
 Option #4: **Biannual One Way AM or PM (circle)** \$48.60  
 Option #6: **Single Ride Ticket** Qty. \_\_\_\_\_ \$1.00

**ONE APPLICATION PER HOUSEHOLD**

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ P. O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency phone \_\_\_\_\_ Name \_\_\_\_\_

Check Here if Foster Child Must Attach Proof	STUDENT NAME	School	Grade	Home Bus Stop	OPT #	Cost	AM Route #	PM Route #
						N/C		
						N/C		

*Please note any health concerns TRANS staff should be aware of on the bus relating to your child(ren):*

Please list all other children in the home.	Age

*OPTIONAL: If desired you may supply a 1"x 1" photo of your student to be placed on pass prior to laminating.*

**STUDENTS MUST GET OFF ONLY AT THEIR ASSIGNED BUS STOP.**

*\*NOTE: Student may only have 2 stops listed on bus pass. (Home Bus Stop plus 1 Alternate Stop)*

Alternate Stop \_\_\_\_\_ AM Route # \_\_\_\_\_ PM Route # \_\_\_\_\_

**Parent Signature for Student Release @ Alternate Stop:** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUEST FOR SPECIAL STOP ARRANGEMENTS/TRANSFER PASSES**

***\*Students must have school approval and specially marked pass for transfers.***

Discovery Club @ CCCS – (Ponderosa Students) PM only     Boy's & Girl's Club—(Paradise INT Students) PM only

My student and I have read, understand and agree to abide by the **Student Expectations:**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PUSD ~ APPLICATION FOR FREE OR REDUCED COST HOME TO SCHOOL TRANSPORTATION**

*(Please fill out both sides of this application form.)*

Student Name (s) \_\_\_\_\_

To apply for FREE OR REDUCED COST TRANSPORTATION:

**Please fill out the following OR**

**attach a copy of your qualification letter** for free and reduced pricing from Food Service.

**A HOUSEHOLD IS any** group of related or non-related individuals (parents, children, grandparents, aunts, uncles, roommates, etc.) who are living as one economic unit. They share rent, a kitchen, utility bills, etc.

**INCOME** includes but is not limited to salary or wages; earnings from self-employment, farming or unemployment, child or spousal support; welfare payments (not food stamps); pensions, Social Security, S.S.I; income from investments, and all other income for all members of the household as defined above.

**LIST THE NAMES OF ALL ADULTS IN HOUSEHOLD PLUS ANY CHILDREN WHO HELP SUPPORT THE HOUSEHOLD AND PROVIDE THE FOLLOWING MONTHLY INCOME:**

Names of adults in household. (Include adults with no income.)	Total earnings from work (before deductions) Include all jobs.	Social Security/ Retirement Pension	Unemployment/ Workman's Compensation	Welfare (AFDC) (TANF)	Alimony/ Child Support	All Other Income

IF YOUR INCOME CHANGES, YOU HAVE THE RESPONSIBILITY TO REPORT IT TO US WITHIN 10 DAYS.

VERIFICATION OF ALL INCOME WILL BE REQUIRED IF THIS APPLICATION IS SELECTED FOR AUDIT.

Household Size: Adults \_\_\_\_ Children \_\_\_\_ Total Household Size \_\_\_\_

**Total Monthly Income Before**

**Deductions \$ \_\_\_\_\_**

*NOTE: Applications that show \$0.00 income will not be accepted without a written explanation.*

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to loss of bus pass and prosecution under applicable State and Federal laws.

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

**\*For Office Use Only\***

Date verification requested:

Date verification completed:

Household Size: Adults \_\_\_\_ Children \_\_\_\_ Total Household Size \_\_\_\_  
 Total Income \$ \_\_\_\_\_ ( ) Monthly ( ) Annual ( ) Weekly ( ) Bi-Weekly  
 Eligibility Determination: ( ) Approved Free ( ) Approved Reduced Price ( ) Denied  
 Reason for Denial: ( ) Income Too High ( ) Incomplete Application ( ) Other Reason:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 W/I Mail W/I Mail

Check # \_\_\_\_/\_\_\_\_

Cash Amt \_\_\_\_/\_\_\_\_

Init. \_\_\_\_\_ Date \_\_\_\_\_