



BUS PASS APPLICATION



STUDENT ID# _____ DATE OF BIRTH: _____

ONE APPLICATION PER STUDENT

Student Information:

NAME _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS _____

PHONE (HOME) _____ (Parent's CELL) _____

SCHOOL _____ GRADE _____

Bus Stop Information:

Morning (pick-up) Bus LETTER _____ and CODE _____

Morning Location _____

Afternoon (drop off) Bus LETTER _____ and CODE _____

Afternoon Location _____

At this time afternoon transportation for Kindergarten students is not available.

Check box if you are interested in afternoon transportation if it becomes available.

Replacement Policy – students must show their bus pass every time they board the bus. Defacement, changes to bus pass, or loss of a Bus Pass will require a replacement fee of \$10. Failure to show Bus Pass to driver upon boarding the bus may be cause for denial of transportation.

Refund Policy - refunds on a prorated basis are available only from the date of notification and the return of the Bus Pass to the Transportation Department - if a student: transfers out of the District, participates in an on-going District sponsored after school activity (sports, band, etc.), or enrolls in the District's Day Care Center. **Each refund is subject to a handling fee of \$25 per student or \$30 per family.**

I have read and understand the **Replacement and Refund Policies** outlined above.

Parent Signature _____ Date _____

Print Name _____

Office use only:

Annual _____ Semester _____ One-Way _____ Reduced _____ Exempt _____

AMT PD \$ _____ CHECK # _____ TRANSACTION # _____ DATE _____

AMT PD \$ _____ CHECK # _____ TRANSACTION # _____ DATE _____

AMT PD \$ _____ CHECK # _____ TRANSACTION # _____ DATE _____

Notes: _____

