

TO:	Bus Riders			
FROM:	A: Transportation Services Department			
RE:	Lost/Stolen/Defaced Bus Passes			
		n or defaced, please complete ct Office with \$10.00 replacer	the replacement bus pass application and bring ment fee (cash or check).	
-		sed and given to the bus driver Transportation Services at (909	to distribute. If you have any questions 9) 971-8320 ext. 5261.	
Thank you.				
	<u>REPL</u>	ACEMENT BUS PASS Bonita Unified School Transportation Serve 115 W. Allen Ave San Dimas, CA 91 (909) 971-8200, Ext.	District vices nue 773	
THIS APP BE REISSU		BE COMPLETED AND R	ETURNED OR A BUS PASS WILL NOT	
S	STUDENT ID#		DATE OF BIRTH:	
Student Informa	ation (ONE APPLICATION IS	NEEDED PER STUDENT):		
NAME				
(LAST)		(FIRST)	(MIDDLE)	
HOME ADDR	ESS			
PHONE (HOM	E)	(Parent's CELL)		

SCHOOL _____GRADE____