

BENNETT VALLEY UNION SCHOOL DISTRICT

2018 – 2019 School Year

SCHOOL TRANSPORTATION PASS APPLICATION FORM

The semi-annual (per semester) fee schedule for home-to-school transportation service is shown below. Please fill out this form and remit your check or money order (**No Cash Please**) for the appropriate amount. The fee is non-refundable. If you wish, you may remit the fee for the entire school year. We will send a pass for each student and semester you indicate. The passes are non-transferable and forgery or duplicate use of a pass will result in expulsion from the school bus. Passes need to be presented to the school bus driver upon boarding of the bus for each ride. **NOTE:** School Shuttle is for morning and/or afternoons between schools. **RIDERS MUST SHOW PASS EACH TIME THEY BOARD THE BUS.**

Please do not cut off any of this form.

Bus Fees submitted for: Check all that apply

FALL SEMESTER 8/15/18-12/21/18

SPRING SEMESTER 1/7/19-5/31/19

				Semester	Full Year	Shuttle
1.	_____	_____	_____	\$90.00	\$180.00	\$100.00
	NAME OF STUDENT	DATE OF BIRTH	SCHOOL	GRADE		
2.	_____	_____	_____	\$90.00	\$180.00	\$100.00
	NAME OF STUDENT	DATE OF BIRTH	SCHOOL	GRADE		
3.	_____	_____	_____	\$75.00	\$150.00	\$75.00
	NAME OF STUDENT	DATE OF BIRTH	SCHOOL	GRADE		
4.	_____	_____	_____	\$75.00	\$150.00	\$75.00
	NAME OF STUDENT	DATE OF BIRTH	SCHOOL	GRADE		

TOTAL REMITTED: \$ _____

BUS ROUTE #: _____ BUS STOP LOCATION: _____ (please include, very important!!)

Parent's Name: (required) _____ Telephone number _____

Home Mailing Address:

Please make your check payable to:

WEST COUNTY TRANSPORTATION AGENCY

Routing or pricing questions please go to: www.schoolbusing.org

Note: Those families with moderate income; receive AFDC or Food Stamps may qualify for free or reduced rate passes. Please use the application on the reverse side of this form.

School Year 2018-2019 West County Transportation Application for Free and Reduced Bus Pass Complete one application per household.

Read the instructions included with Application on how to apply. Please print and use a pen. This institution is an equal opportunity provider.

STEP 1 – STUDENT INFORMATION

Children in **Foster Care** and children who meet the definition of **Homeless** are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is foster, or homeless	
				Foster Child	Homeless
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (including yourself) currently participate in one of the following assistance programs?

If **NO**, skip STEP 2 and complete STEP 3.

If YES , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

Enter the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/ Child Support/Alimony	How Often	Pensions/Retirement/ All Other Income	How Often	Total Household Income	
	\$		\$		\$			
	\$		\$		\$			
	\$		\$		\$			
	\$		\$		\$			
Total Household Members (Children and Adults)	<input type="text"/>							

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Signature of adult completing this form:		
Print Name:		
Today's Date:	Phone Number:	
Address:		
City:	State:	Zip:
E-mail:		

WEST COUNTY TRANSPORTATION AGENCY

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West County Transportation