

Reed Union School District

2011-2012

APPLICATION FOR FREE OR REDUCED COST TRANSPORTATION

PARENTS: To apply for free or reduced cost transportation for your children, please fill out this form. Verification of information is required before approval. *Eligibility will be determined using the Income Eligibility Guidelines from the Federal Register.*

NAME OF CHILD	GRADE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all related or unrelated persons who live in your household and share living expenses. (Do not include children listed above.)

Total number of persons residing in your household: _____

List all current household income by source in the space provided below and include income verification. Please list all income before deductions. Include income for all persons living within the household regardless of relationship.

	Annual
Wages, salary	_____
Social security	_____
Welfare	_____
Unemployment	_____
Child support	_____
Alimony	_____
Pension/retirement	_____
Other	_____
Total Annual Income	_____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT:

Signature of adult family member

Printed name

Date