

# Reed Union School District

2023-24

## Bus Pass Application

*Please fill out one application per child.*

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

***Bus Rules: I certify that I have read and explained the Bus Rules to my child who will be riding the bus.***

Parent's Signature: \_\_\_\_\_

Annual AM One Way and Annual PM One Way passes are offered and both can be purchased to provide a round trip. Please determine the bus plan that your child will use during the 2023-24 school year, either an **Annual AM One Way and/or PM One Way** plan. Refer to the 2023-24 Bus Schedules to determine the appropriate Route Color and Bus Stop Number for your child's trip to and/or from school. Determine the cost of the bus pass; Plan A – C, from the schedule below. Be sure to complete all of the information for your child's bus plan.

**Annual AM One Way** Bus Pass: Route Color: to be determined at a later date Cost \$ N/A

My child will get on the bus at Bus Stop # N/A, located at to be determined at a later date

My child will get off the bus at to be determined at a later date

**Annual PM One Way** Bus Pass: Route Color to be determined at a later date Cost \$ N/A

My child will get on the bus at Bus Stop # N/A, located at to be determined at a later date

My child will get off the bus at Bus Stop # N/A, located at to be determined at a later date

PLAN A - Full fee\*

Annual One Way AM \$ To be determined

Annual One Way PM \$ To be determined

PLAN B – Reduced \*

The rate for families who qualify for reduced cost transportation is \$ To be determined PER PASS PER STUDENT; please complete the Application for Free or Reduced Cost Transportation.

PLAN C – Free

Please complete the Application for Free or Reduced Cost Transportation.

**Note: Bus passes purchased under Plans A and B will not be discounted or prorated for any reason and refunds for unused passes will not be issued.**

# APPLICATION FOR INDIVIDUAL STUDENT BENEFITS / TRANSPORTATION FOR SCHOOL YEAR 2023-24

**SECTION A. STUDENT INFORMATION:** Complete this section by providing information for all of the children in your household.

| STUDENT / CHILD INFORMATION |            |   | FOOD STAMP,<br>CALWORKS, KIN-GAP,<br>OR FDPIR BENEFITS |   | FOSTER CHILD<br>(MUST HAVE SEPARATE<br>APPLICATION) |  | FOR SCHOOL<br>USE ONLY        |
|-----------------------------|------------|---|--|---|---|--|-------------------------------|
| LAST NAME                   | FIRST NAME | CURRENT SCHOOL<br>(WRITE "N/A" IF NOT<br>IN SCHOOL) | WRITE<br>"YES"<br>OR<br>"NO"                           | IF "YES," WRITE<br>CASE NUMBER<br>BELOW | WRITE<br>"YES"<br>OR<br>"NO"                        | IF "YES," ENTER<br>CHILD'S MONTHLY<br>"PERSONAL-USE"<br>INCOME | STUDENT<br>GRADE<br>next year |
|                             |            |   |  |   |   |  |                               |
|                             |            |   |  |   |   |  |                               |
|                             |            |   |  |   |   |  |                               |
|                             |            |   |  |   |   |  |                               |
|                             |            |   |  |   |   |  |                               |

**SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME:** If in Section A you entered a Food Stamp, CalWORKs, Kin-GAP, or FDPIR case number for each child, or if this application is for a foster child and you entered monthly personal-use income, go to signature block in Section C. **Foster Child:** In some cases foster children are eligible for free or reduced-price meals or free milk regardless of the household's income. If you have foster children living with you and you wish to apply for meal or milk benefits for them, please contact your school's food administrator.

List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child from full-time or regular part-time employment, Social Security income, or Adoption Assistance.

| FULL NAME | GROSS MONTHLY<br>EARNINGS FROM WORK<br>(BEFORE DEDUCTIONS)<br>INCLUDE ALL JOBS | PENSION,<br>RETIREMENT,<br>SOCIAL SECURITY | WELFARE BENEFITS,<br>CHILD SUPPORT,<br>ALIMONY PAYMENTS | ANY<br>OTHER<br>MONTHLY<br>INCOME | FOR SCHOOL<br>USE ONLY:<br>TOTAL MONTHLY<br>INCOME |
|-----------|--|--|---|-----------------------------------|--|
|           |  |  |   |                                   |  |
|           |  |  |   |                                   |  |
|           |  |  |   |                                   |  |
|           |  |  |   |                                   |  |

**SECTION C.** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

|  |          |  |      |
|--|----------|--|------|
| SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM       |          | TELEPHONE NUMBER<br>(   )                    | DATE |
| PRINTED NAME OF ADULT HOUSEHOLD MEMBER WHO COMPLETED THIS FORM |          | SOCIAL SECURITY NUMBER (WRITE "NONE" IF N/A) |      |
| MAILING ADDRESS  |          |  |      |
| CITY   | ZIP CODE | TOTAL ADULTS AND CHILDREN IN HOUSEHOLD       |      |

**SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (Optional):**

|  |                                |  |  |                                |
|--|--------------------------------|--|--|--------------------------------|
| 1. Mark one or more racial identities:   |                                |  |  |                                |
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |
| 2. Mark one ethnic identity: <input type="checkbox"/> Of Hispanic or Latino origin <input type="checkbox"/> Not of Hispanic or Latino origin   |                                |  |  |                                |
| <b>FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION</b>   |                                |  |  |                                |
| <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free with Food Stamp, CalWORKs, Kin-GAP, or FDPIR Benefits |                                |  |  |                                |
| Zero Income, Temporary Free Until (Up to 45 calendar days from date of this determination):  |                                |  | Direct Certified as:    H    M    R    EP <input type="checkbox"/> |                                |
| Year Round Track:  | Household Size:                | Household Income:                                  |  |                                |
| Determining Official:  | Date:                          | 2 <sup>nd</sup> Review – Official:                 | Date:  |                                |
| Verification Official:   | Date:                          | Follow up:   |  |                                |