Arcohe Union School District School Bus Transportation Waiver Form 2021 -2022 School Year

Please complete all parts of the application and return to: Arcohe Union School District, PO Box 93, Herald, CA 95638. Questions? Please call (209) 748-2313 ext.1208. One application is sufficient for all students in the family attending the school. Attach Proof of Income to Waiver. Students attending school through an Inter-District Transfer are not eligible for transportation.

First

City

Phone Number

Zip Code

Verified By:

Date:

State

Parent(s) Full Name

Street Address

PAYMENT SOURCE:

Last

Information of Child/Children in the household		FOOD STAMPS/AFDC or						
				FDPIR Benefits		FOSTER CHIL		
LAST	FIRST	Grade	YES / NO	IF YES, ENTER CASE NUMBER BELOW:	YES/ NO			
1.								
2.								
3.								
4.								
* Use additional sheets as necessary.			•	<u>.</u>				
Student/child information: All information m	oust be provided t	o qualify	for free	or reduced home to s	school t	ransportation	Attach	
copies for income (pay stub/Tax Return)	the state of the s					· · · · · · · · · · · · · · · · · · ·		
status.	and/or governing	iciit issu	ica pap	ciwork for food star	iips, Ai	DO, 1 DI IIX, 0	1 103101	
status.								
PROOF OF INCOME OR DIRECT CERTIFICATION	<mark>FION LETTER SEN</mark>	IT FROM	<u>ARCOHI</u>	E SCHOOL MUST BE	<u>ATTACH</u>	IED TO WAIVER	<u>₹.</u>	
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Monthly Household Income: List all adult ho	busenoia member	s' income	(ramily	& non-tamily). Verific	ation m	ust de attached	•	
INFORMATION OF ADULT/ADULTS IN	GROSS EARNINGS	PENS	HON	WELFARE BENEFITS,				
HOUSEHOLD	FROM WORK BEFORE DEDUCTIONS, INCLUDE			CHILD SUPPORT,	ENTER	R CASE NUMBER	OTHER	
FULL NAME	ALL JOBS	SOCIAL SECURITY ALIMONY PAYMENTS				INCOME		
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2.								
3.								
4.								
* Use additional sheets as necessary.		•						
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under the correct Adults names. You m			•					
under the correct Addits hames. Tod in	ust list tile gros:	s illicollie	Deloie	an deductions for t	axes, s	ocial security,	eic.	
If you or a member of your household re	ceived higher o	r lower ti	han ilel	ial last month inleas	ea liet v	our expected	average	
•	cerved inglier o	i iowei ti	iaii usu	iai iast montii, picat	oc not y	our expected	avciage	
monthly income.								
0. 177. 17								
Certification:								
I certify that all the above information is true and	d correct and that a	II income i	is reporte	ed. I understand that so	chool off	icials may verify	the	
information on this application.								
Print name of parent:								
Signature of Parent:			l,			DATE:		
orginature of Farent.					DAIL.			
Office Use Only	Total Household	Income:	\$					
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FREE:	REDUCED:		VERIFIED BY:			Date:	I	

CHECK#

Amt. \$

CASH: