

Placerville Union School District  
**APPLICATION FOR FREE AND REDUCED TRANSPORTATION FEES**

Please complete both sides, sign and return  
If you are applying for Free or Reduced, a pass will NOT BE issued without VERIFICATION

HOUSEHOLD SIZE: (include everyone currently living in your home) \_\_\_\_\_

Section A: **ALL HOUSEHOLDS**

1. Is this request for a Foster Child? YES \_\_\_ NO \_\_\_ If yes, enter child's monthly personal income \_\_\_\_\_
2. List household Income or Parent Income.

Last Name, First Name	Monthly Income

Section B: **HOUSEHOLDS RECEIVING FOOD STAMPS OR AFDC (without # unable to process)**

Enter current numbers: Cal Fresh# \_\_\_\_\_ AFDC# \_\_\_\_\_

**FOR ALL HOUSEHOLDS APPLYING READ THIS AND SIGN**

An application for free or reduced Transportation may be submitted at any time during the school year. Following is a list of documents that will be considered as proof of income. **Please circle the method of proof you choose to use and provide appropriate photocopy:**

**\*EARNINGS/WAGES/SALARY** - Current paycheck stub or letter from employer stating gross wages paid.

**\*SOCIAL SECURITY/PENSION/RETIREMENT** – Social Security benefit letter or pension award letter.

**\*UNEMPLOYMENT COMPENSATION, DISABILITY, OR WORKERS COMPENSATION** – Copy of award letter or check stub.

**\*WELFARE PAYMENTS** – Benefit letter from welfare stating current eligibility and amount of award.

**\*CHILD SUPPORT/ALIMONY** – Court decree or agreement.

**\*ALL OTHER INCOME** – You must provide documents showing amount of income and how often it is received.

**\*SELF-EMPLOYMENT INCOME** – Copies of last year's annual federal tax return.

**\*NO INCOME** – If you have no income, provide a brief note explaining when you expect an income. Include last year's federal tax return.

**Without proof of income your application will be returned incomplete.**

I UNDERSTAND THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT SCHOOL OFFICIALS WILL VERIFY THE INFORMATION ON THE APPLICATION.  
**ALL INFORMATION PROVIDED IS CONFIDENTIAL.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Household size \_\_\_\_\_ Monthly Household Income \_\_\_\_\_ Cal Fresh \_\_\_\_\_ AFDC \_\_\_\_\_  
Free \_\_\_\_\_ Reduced \_\_\_\_\_ Determining Official \_\_\_\_\_ Date \_\_\_\_\_