

Placerville Union School District  
**APPLICATION FOR FREE AND REDUCED TRANSPORTATION FEES**  
**Reference Income Eligibility guidelines included in this packet**

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 THE NAMES OF THE CHILDREN IN YOUR HOUSEHOLD:

Last Name, First Name	School	Grade

3. LIST THE NAMES OF THOSE 21 YEARS OR OLDER PLUS ANYONE ELSE WITH INCOME LIVING IN THE HOUSEHOLD REGARDLESS OF AGE. Include all income sources, gross earnings (before deductions), pensions, retirement, social security, disability, strike benefits, workers compensation, unemployment, welfare benefits, child support, alimony payments, and all other income.

Last Name, First Name	Monthly Income

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

1. Number of children for whom you receive food stamps or AFDC \_\_\_\_\_
2. Enter current numbers: Food Stamp # \_\_\_\_\_ 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 AND THAT DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE LAWS. **ALL INFORMATION PROVIDED IS CONFIDENTIAL.**

<b>SIGNATURE</b> _____	<b>DATE</b> _____
<b>FOR SCHOOL USE ONLY</b>	
Household size _____	Monthly Household Income _____
Food Stamps _____	AFDC _____
Free _____	Reduced _____
Determining Official _____	Date _____

**PLACERVILLE UNION SCHOOL DISTRICT**  
**Transportation Department**  
**2877 Schnell School Rd.**  
**Placerville, CA 95667**

**APPLICATION FOR TRANSPORTATION SERVICE**

**Complete** this side of application for all students who ride the school bus to and/or from school including **ticket riders**. Only one application per household is necessary. Applications and payments of bus fees are required **prior** to riding the bus. **Make payment to Placerville Union School District 2877 Schnell School Rd., Placerville, CA 95667 Attn: Bus Fees**

Child's First & Last Name (Please Print)	D.O.B.	School & Grade	Round Trip	A.M. only	P.M. only	B/G only

**PARENT/GUARDIAN INFORMATION (Please Print):**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Address \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Home Phone# \_\_\_\_\_ Mother's work # \_\_\_\_\_ Father's work# \_\_\_\_\_

Local person to call, who may meet child at bus stop or pick up at Transportation Department:

Name: \_\_\_\_\_ Cell/Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Cell/Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**\*Does your child have any serious medical conditions:** \_\_\_\_\_

**Bus Stop Information:**

Pick-up (A.M.) Bus Stop \_\_\_\_\_

Take-home (P.M.) Bus Stop \_\_\_\_\_

Day Care Provider's Name and Address \_\_\_\_\_

When is your child in Day Care? Before School \_\_\_\_\_ After School \_\_\_\_\_

FOR OFFICE USE ONLY		FIRST TIME BUS RIDER _____ YES _____ NO	
Date	Amount Received	Check # or Cash Received	(#) X (RT, AM, PM, B&G) Payment:(Sem,Year)