

WEST SONOMA COUNTY UNION HIGH SCHOOL

2020-2021 School Year

SCHOOL TRANSPORTATION PASS APPLICATION FORM

The semi-annual (per semester) fee schedule for home-to-school transportation service is shown below. Please fill out this form and remit your check or money order (**No Cash Please**) for the appropriate amount. The fee is non-refundable. If you wish, you may remit the fee for the entire school year. We will send a pass for each student and semester you indicate. The passes are non-transferable and forgery or duplicate use of a pass will result in expulsion from the school bus. Passes need to be presented to the school bus driver upon boarding of the bus for each ride. If pass is damaged or lost, any replacement will incur a \$5.00 charge.

NOTE : Booklets consist of 15 tickets. Students need to give one (1) ticket **PER** ride.

RIDERS MUST SHOW PASS EACH TIME THEY BOARD THE BUS.

Please do not cut off any of this form.

CHECK ALL THAT APPLY

Bus Pass Fees submitted for:

FALL (8/13/20 - 12/17/20)

SPRING (1/4/21 - 6/3/21)

				Semester	Year	Booklets
				\$145.00	\$290.00	\$40.00
Name Of Student	Date of Birth	School	Grade			
				\$145.00	\$290.00	\$40.00
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Total Remitted: \$ _____

BUS ROUTE #: _____ BUS STOP LOCATION _____ (Please include, very important!!)

Parents Name: (required) _____ Telephone Number _____

HOME MAILING ADDRESS: _____

Please make your check payable to: WEST COUNTY TRANSPORTATION AGENCY

Applications can be email to : buspass@schoolbusing.org

Routing or pricing questions please go to: www.schoolbusing.org

Note: Those families with moderate income; receive AFDC or Food Stamps may qualify for free or reduced rate passes. Please use the application on the reverse side of this form.

West County Transportation Agency

School Year 2020-2021 **West County Transportation** Application for Free and Reduced Bus Pass

Read the instructions included with Application on how to apply. Please print and use a pen.

Complete one application per household

This institution is an equal opportunity provider.

STEP 1 - Student Information

Children in **Foster Care** and children who meet the definition of **Homeless** are eligible for free meals. Attach another sheet of paper for additional names.

Enter the name of EACH STUDENT who will attend school (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birth date	Check the applicable box if the student is foster, or homeless	
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	Foster Child	Homeless

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do **ANY** household members (including yourself) currently participate in one of the following assistance programs?

If **NO**, skip STEP 2 and complete STEP 3.

If YES , do not complete STEP 3. Check the applicable program box, enter one case number, and then go to STEP 4.	Select Program Type:			Enter Case Number
	CalFresh	CalWORKs	FDPIR	

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'Yes' to STEP 2)

ALL OTHER HOUSEHOLD MEMBERS (including yourself): List **ALL** household members not listed in STEP 1 **even if they do not receive income**. For each household member, report the **TOTAL** income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report. Report all income earned before taxes and deductions.

Enter the name of ALL OTHER Household Members (First and Last)	Total Earnings	How Often

Total Household Members (Children and Adults)	
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367 West Robles Ave. Santa Rosa CA 95407

707-206-9988 x. 228

Fax 707-206-9901

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

Certification: "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

Signature of adult completing this form:		
Print Name:		
Today's Date:	Phone Number:	
Address:		
City:	State:	Zip:
E-mail:		