

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
BUS PASS APPLICATION FOR TRANSPORTATION

Completed application should be mailed to: TTUSD Transportation Services
12485 Joerger Dr, Truckee CA 96161

ONE REQUEST PER FAMILY

PLEASE PRINT CLEARLY OR TYPE

Date: _____

Parent/guardian name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Student information: (list only students who will be riding the school bus)

<u>STUDENT LAST NAME</u>	<u>FIRST NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>	<u>AGE</u>	<u>MEDICAL CONDITION</u>
1.					
2.					
3.					
4.					

ENTER BUS STOP INFORMATION – Transportation Department reserves the right to change bus stop times and locations if necessary – with notification to parent/guardian.

PM Bus Stop: _____ Alternate: _____

TYPE OF PASS PURCHASING: (see flyer for early bird rates ending Aug 31, 2015)

- Annual Bus Pass \$160 Sibling annual bus pass \$65 ea.
- Punch Pass (20 one-way rides) \$35 with RFID card
- Eligible for Reduced rate bus pass \$75, Sibling \$45 ea.
- Eligible for free bus pass verified by: _____

Eligibility for free or reduced bus pass is based on federal income guidelines – see backside of form for eligibility application

I HAVE RECEIVED, READ AND UNDERSTAND THE RULES AND REGULATIONS FOR BUS RIDERS AS WELL AS BUS PASS POLICY FOR TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT. I AGREE TO ALL INFORMATION WITHIN THESE POLICIES.
I UNDERSTAND MY STUDENT MUST PRESENT A VALID BUS PASS EACH TRIP. FAILURE TO DO SO MAY CAUSE REFUSAL OF TRANSPORTATION TO THE STUDENT.
PARENTS ARE ADVISED THAT THE DISTRICT DOES NOT SUPERVISE BUS STOPS AND THAT THE DISTRICT IS NOT RESPONSIBLE FOR THE CONTROL AND CONDUCT OF STUDENTS AT THE BUS STOP. PARENTS SHOULD NOT NEGLECT THEIR RESPONSIBILITY OF SUPERVISING THEIR STUDENTS UNTIL THEY SAFELY BOARD THE SCHOOL BUS.

Credit card payments will have a 3.9% fee added

Parents Signature _____ Student Signature _____

Office use only
Payment received ck# _____ cash or credit card \$ _____ date: _____ by: _____

FINANCIAL ELIGIBILITY FORM

COMPLETE ONLY IF APPLYING FOR FREE OR REDUCED TRANSPORTATION FEE:

LIST NAMES OF **ALL MEMBERS (ADULTS AND CHILDREN)** IN YOUR HOUSEHOLD, PLEASE INCLUDE RELATIONSHIP TO HEAD OF HOUSEHOLD AND MONTHLY INCOME.

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>MONTHLY GROSS INCOME</u>
1.	_____	head of household	\$ _____
2.	_____	spouse	\$ _____
3.	_____	child	\$ _____
4.	_____	child	\$ _____
5.	_____	child	\$ _____
6.	_____		\$ _____
7.	_____		\$ _____

TOTAL HOUSE HOLD INCOME: \$ _____

Signature of Adult Household Member: _____ Date: _____

Printed Name: _____ Last Four Digits of SSN: _____

I do not have a social security number

PLEASE BE ADVISED THIS FINANCIAL ELIGIBILITY APPLICATION IS FOR TRANSPORTATION ONLY

For office use only:

Hshld size:	Hshld Income: \$		
Free:	Reduced	Denied	
Free Other:			
Approved by:	Date:		