

# WEST SONOMA COUNTY UNION HIGH SCHOOL

2010-2011 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.

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

**Please do not cut off any of this form.**

**CHECK ALL THAT APPLY**



BUS ROUTE #: \_\_\_\_\_ BUS STOP LOCATION \_\_\_\_\_ (please include, very important!!)

**Parent Name: (required)**

**Telephone Number:**


**Please mail pass(es) to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please remit and make your check payable to:

WEST COUNTY TRANSPORTATION AGENCY  
367 W. ROBLES AVE  
SANTA ROSA, CA 95407  
ATTN: DELORES

(707) 206-9988 ext. 18

**PLEASE NOTE: West County Transportation is not staffed to accept walk-in applications.**

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 next page of this form.

## WEST SONOMA COUNTY SCHOOLS

### APPLICATION FOR FREE OR REDUCED BUS PASS

#### SECTION A: HOUSEHOLDS ON FOOD STAMPS or AFDC ONLY

1. List the names of the children eligible for Food Stamps or **AFDC**:

**Last Name**

**First Name**

**School**

**Grade**

1.

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2.

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3.

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2. Write the **Food Stamp** or **AFDC** case number:

**Food Stamp#:** \_\_\_\_\_ **AFDC#:** \_\_\_\_\_

3. Go to Section C and sign the Application.

Note: We will randomly check Food Stamp and AFDC Cases.

**SECTION B: ALL OTHER HOUSEHOLDS**

1. Is this request for a foster child? YES \_\_\_\_\_ NO \_\_\_\_\_

2. List the names of the children from your household in school

<b>Last Name</b>	<b>First Name</b>	<b>School</b>	<b>Grade</b>
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1.

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2.

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3.

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3. List the names of the children in the household not in school

<b>Last Name</b>	<b>First Name</b>	<b>Last Name</b>	<b>First Name</b>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List the names of ALL adults 21 years or older plus anyone else supporting the household and their income sources.

**Last Name**

**First Name**

**Monthly Gross Earnings Including  
Pension, Welfare, & ALL Other Income**

_____	:	_____
_____	:	_____
_____	:	_____

**SECTION C:** I understand that the information on this form is true and correct. I certify that the Food Stamp number or AFDC number is correct and all income is reported. I understand that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution.

**Signature** of adult household member:

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_  
\_\_\_\_\_

Home Telephone:

Work Telephone:

Employer:

Address:

School Bus Route or Stop

Location:

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**For Official Use Only**

AFDC \_\_\_ FS \_\_\_ FREE \_\_\_ REDUCED \_\_\_ APPROVED \_\_\_ DENIED \_\_\_ DATE \_\_\_\_\_