

# TWIN HILLS UNION SCHOOL DISTRICT

## 2023-2024 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.**

School Shuttle is for morning and/or afternoons between schools.

**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 (8/17/23 - 12/21/23)**

**SPRING (1/8/24 - 6/6/24)**

Name Of Student	Date of Birth	School	Grade	Semester	Year	Booklets	Shuttle Semester	Shuttle Year
				\$64.00	\$128.00	\$35.00	\$20.00	\$40.00
				\$52.00	\$104.00	\$35.00	\$20.00	\$40.00
				\$35.00	\$70.00	\$35.00	\$20.00	\$40.00
				Free	Free	\$35.00	\$20.00	\$40.00

**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](mailto:buspass@schoolbusing.org)

Routing or pricing questions please go to: [www.schoolbusing.org](http://www.schoolbusing.org)

**To submit a bus pass application online please visit our website at [www.schoolbusing.org](http://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 2023-2024 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 <b>EACH STUDENT</b> who will attend school (First, Middle Initial, Last)	Enter <b>school name and grade level</b>		Enter student's <b>birth date</b>	Check the applicable box if the student is <b>foster, or homeless</b>	
	<b>Lincoln Elementary</b>	<b>1st</b>		<b>Foster Child</b>	<b>Homeless</b>
<b>EXAMPLE: Joseph P Adams</b>			<b>12-15-2010</b>		

### STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

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 <b>YES</b> , 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 <b>ALL OTHER</b> Household Members (First and Last)	Total Earnings	How Often

<b>Total Household Members (Children and Adults)</b>	
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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:		