

**SANTA CLARA UNIFIED SCHOOL DISTRICT
BUS PASS
APPLICATION**

Please complete the following information: (All information will be keep confidential.)

Parent/Guardian Name: _____ Home phone: _____
 Home address: _____ City/Zip: _____
 Mailing address (if different): _____ City/Zip: _____
 Work phone (parent 1): _____ Work phone (parent 2): _____
 Other contact phone numbers: 1. _____ 2. _____

Children who will be riding the bus:

NAME	BIRTH DATE	GRADE	SCHOOL	BUS STOP	FEE
1.					\$180
2.					\$150
3.					\$100
4.					\$0
					\$40

TOTAL FEES \$ _____

I am paying by: Check Money Order Cash VISA MasterCard Discover No fee due (see below)

PLEASE MAKE CHECKS/MONEY ORDERS PAYABLE TO: SCUSD TRANSPORTATION - DO NOT MAIL CASH

If paying by credit card please provide the following information:

VISA, MC or Discover: _____ Expiration Date: _____ Signature: _____

FEE WAIVER

- My child qualifies for the *Free Meal Program* (Attach a copy of the eligibility letter you received from Child Nutrition)
- My child qualifies for the *Reduced Price Meal Program* (Attach a copy of the eligibility letter you received from Child Nutrition and \$40.00 Fee per child)
- My child is in *Special Education and has received an IEP* requiring transportation (The Transportation Department will verify the IEP).
- My child qualifies for free transportation under the *No Child Left Behind Act*.
- My child qualifies for free transportation under the *McKinney-Vento Homeless Education Act*.

TO RECEIVE YOUR BUS PASS

1. Complete and sign this Application.
2. Determine amount you owe (call transportation at 408-423-2063 if you have questions) or FAX: 408-423-2289
3. Send: ① this Application; ② a check, money order or Visa/MasterCard/Discover authorization (see above)
4. and, ③ Free and Reduced Price Meals eligibility letter to:
Santa Clara Unified School District, Transportation Department, 1889 Lawrence Road, Santa Clara, CA 95051
5. Bus Passes will be mailed to your mailing address.

Parents/guardians are responsible for notifying the District of any changes to this application or eligibility for fee waivers.

I certify that all the above information is true and correct: Parent signature: _____