

**\*\*A Bus Pass Agreement must be signed by a Parent or Guardian or filled out and turned in to FHS before eligible students can participate in the bus pass program.\*\***

**\*\*\*Please turn in one form per family\*\*\***

**Bus Pass Agreement**

I understand the rules involved with receiving a free or subsidized bus pass. This includes:

- ✓ Attendance requirements as outlined in the bus pass letter, understanding that a combination of 15 tardies (TRU) and/or Unknown Unexcused Absences (UKA) during the month will result in the loss of all bus pass privileges for the following month.
- ✓ No trading, sharing or selling of school dispensed bus passes. If proven to participate in such behavior could result in loss of privilege for the school year.
- ✓ **No replacements for stolen or lost bus passes.**

**Names of students who currently attend Fremont High School**

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**FREE Bus Pass Application**

If your student(s) would like to apply for a free bus pass, fill in the information below. Include your **total** family income and the **total** number of people residing in your home. To be eligible for a free bus pass, your student(s) must qualify based on financial need. You will be notified if your student **does not** qualify for the free bus pass program.

**Household size:**

All children (under 21 years old) \_\_\_\_\_ All adults (Age 21 and over) \_\_\_\_\_

**Total Monthly Family Income** including wages, retirement, unemployment, social security, welfare, alimony and child support: \_\_\_\_\_

Do any household members participate in one or more of the following assistance programs:

\_\_\_ CalFresh \_\_\_ CalWORKS \_\_\_ FDPIR Case Number: \_\_\_\_\_

**\*If your family qualifies for any of these programs, you do not need to provide Total Monthly Income**

**Office Use Only:** Free \_\_\_\_\_ Subsidized \_\_\_\_\_ Does Not Qualify \_\_\_\_\_ Date: \_\_\_\_\_