



DISTRICT-PAID BUS PASS

DISTRICT-PAID BUS PASS APPLICATION

- one application per family, complete both sides -

STUDENT LAST NAME:

Student(s) First Name(s)	Grade	School (EMS, TOW, TMS)	Designated Bus Stop Number(s) of Pick Up/Drop Off Locations		
1)					
2)					
3)					
4)					

PARENT PERMISSION:

Your signature indicates that you have read and understand the rules and guidelines by which your student(s) must abide while riding any District school bus. All existing policies and rules regarding safety, student behavior, and discipline on the bus remain in effect. Please review rules and guidelines which are available at each school site and online at www.lbusd.org. With your assistance, LBUSD can continue to provide safe transportation. All students must behave appropriately while on the bus. Citations will be issued for misbehavior. Misuse of pass or coupon may result in suspension or termination of transportation privileges.

PARENT/GUARDIAN SIGNATURE		DATE
PRINT FIRST & LAST NAME		
ADDRESS		ZIP
HOME PHONE	CELL PHONE	

\$5.00 replacement fee for lost or stolen bus pass
 Replacement pass must be purchased online at www.lbusd.org



DISTRICT-PAID BUS PASS

PROOF OF INCOME DOCUMENTATION REQUIRED

Note: the district paid bus pass program is independent of the free/reduced meal program

Privacy Act Statement: Unless you provide a copy of your child’s CalFresh, CalWorks, KinGAP, or FDPIR case number, along with a copy of your card and current statement, you must attach a copy of your current federal income tax return and copies of two (2) current paycheck stubs for all adults residing in the home. **Please note, income tax returns must show student dependent as an exemption.** Verification may include program reviews, audits, contacting the state’s Employment Development or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in denial of district-paid transportation.

CalFresh & CalWorks Please enter your case number below & attach a copy of your card and current statement.

CalFresh Case #

CalWorks Case #

List names of all children in the household under 21 years of age

1)

4)

2)

5)

3)

6)

List names of all adults (21 years and older) in the household and their total monthly gross income

Attach a copy of the first page of your current 1040, 1040A, or 1040EZ Federal Tax Return.

Attach copies of two (2) current paycheck stubs for each adult residing in the home.

1)

\$ /mo

4)

\$ /mo

2)

\$ /mo

5)

\$ /mo

3)

\$ /mo

6)

\$ /mo

Please read and sign below: I understand that all of the information on this form is true and correct. I certify the the CalFresh or CalWorks case number is correct, or that all income is reported for all adults residing in my home. I understand that school officials may verify the information on the application and that deliberate misrepresentation of this information may subject me to prosecution under applicable state and federal laws. I understand it is my parental/guardianship responsibility to notify LBUSD of any change of status that would make my child(ren) subject to the transportation fee.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT FIRST & LAST NAME