VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

16350 Mojave Drive, Victorville, CA 92395 (760) 955-3450

Bus Service Application

For the school year 20_____ - 20_____

ONE APPLICATION PER STUDENT

Student Last Name

Student First Name

Street Address Apt. #

City Zip Code

( ) Home Phone ( ) Parent Emergency Phone

School Grade

NOTICE TO PARENT(S) OR GUARDIAN(S)

To qualify for transportation services, you must reside at an address outside of the non-transport zone and within the attendance boundary as established for your child's school.
By completing this form, eligibility for transportation services will be determined.
Completion of this form is not a guarantee of service.

THE DISTRICT CONSIDERS THE INFORMATION YOU HAVE PROVIDED TO BE CONFIDENTIAL

Bus Stop _____

I have read the enclosed information regarding transportation for my student by the Victor Valley Union High School District, and have reviewed the "Rules for Riding the Bus" with my student.

Print Parent Name _____ Signature_____ Date_____

For Office Use Only - Do Not Write In Shaded Area

Pass #	Rt.#	Mailed	Input	Approved