



## DISTRICT-PAID BUS PASS

# DISTRICT-PAID BUS PASS APPLICATION

*- one application per family, complete both sides -*

School Year:

Student(s) First & Last Name(s)	Grade	School (ELM, TOW, TMS)	Designated Bus Stop # AM	Designated Bus Stop # PM
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](http://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 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 pass changes or lost bus pass**

Replacement pass must be purchased online at [www.lbusd.org](http://www.lbusd.org)



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## COMPLETE ALL AREAS OF THE FORM REGARDLESS OF VERIFYING DOCUMENTS PROVIDED

Verification may either be A) proof of current participation in one of the following listed assistance programs or B) income at or below the current California Department of Education income scale level for free eligibility. Assistance program participation may be CalFresh, FDPIR, CalWorks, SSI or Medi-Cal. Two (2) forms of program documentation are required, such as a copy of your card plus a printed statement from the program of current participation. Income verification requires a copy of your current, signed, filed federal income tax return plus copies of two (2) current paycheck stubs for all adults in the household. *Please note, income tax returns must list student(s) as dependent(s).* Household is synonymous with family and means a group of related or unrelated individuals living as one economic unit sharing all significant income and expenses. Reporting incorrect information may result in denial of district-paid transportation.

**Assistance Programs** Enter your case number below and attach a copy of your card plus a current statement.

Case #

**List names of all children in the household under 21 years of age** Enter all related or unrelated individuals living as one economic unit sharing housing, income and expenses.

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 2 pages 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 that I am currently receiving the assistance benefits above, 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	