



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. 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



DISTRICT-PAID BUS PASS

COMPLETE ALL AREAS OF THE FORM REGARDLESS OF VERIFYING DOCUMENTS PROVIDED

Qualification may either be A) current participation in an assistance program as reported by direct certification from the State of California* or B) income at or below the current California Department of Education income scale level for free eligibility. Income verification requires submitting a copy of 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 significant income and expenses. Reporting incorrect information may result in denial of district-paid transportation.

For assistance programs, no documentation is required. Please **do not submit assistance program cards or case numbers.*

Assistance Program Participation

Program

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/or 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 in the household. 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 LBUUSD of any change of status that would make my child(ren) subject to the transportation fee.

PARENT/GUARDIAN SIGNATURE

DATE

PRINT FIRST & LAST NAME