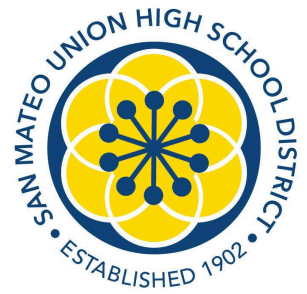


San Mateo Union High School District
2024-25 School Bus Application



Dear SMUHSD Parent/Guardian:

Beginning **Monday, July 22, 2024**, bus passes will be available for purchase at EZSchoolPay.com. We strongly encourage parents to purchase bus passes online once you receive your student's class schedule.

Beginning **Monday, August 5, 2024**, in-person bus pass purchases will be available at the transportation department, located at 991 East Poplar Avenue, San Mateo. Business Hours are Monday - Friday, 7 - 11 a.m. 650-558-2444



Important Information:

- No refunds on bus passes will be issued unless the family moves out of the district or into a non-busing zone.
- A \$15.00 non-refundable fee is due for replacement of lost, stolen or damaged bus passes.
- The first student in a household pays full price. Additional students in the same household pay a "sibling discount" price.
- For payment by check:
 1. Complete the bus pass application.
 2. Make checks payable to: SMUHSD
 3. Mail to: San Mateo Union High School District (Attn: Bus Pass)
650 North Delaware St., San Mateo, CA 94401
 - SMUHSD will assess a \$25 fee for returned checks.
 - Bus passes will be mailed to your address on the application form within 5-7 business days.
- If you qualify and would like to apply for a free/reduced bus pass, please go to www.smuhsd.org/bus.
- If you qualify and would like to apply for free bus service due to Foster Status, a copy of the [Foster Parents Agreement](#) is required.
- If you have any questions regarding bus stop location or routes, please visit [School Bus Routes](#) or call the transportation office at 650-558-2446.

Bus Rules:

- A bus pass is required for your student to ride the bus during the 2024-25 school year.
- Pupils must maintain order at all times and obey the instructions of the bus driver.
- Transfer of bus passes to another student automatically revokes all rights to its use.

Respectfully,

A handwritten signature in blue ink, appearing to read "Kelly Hubbard", is written over a light gray rectangular background.

Kelly Hubbard
Executive Transportation Officer
San Mateo Union High School District

2024-2025 School Bus Application

District Use Only

ZPass# _____
Confirmation # _____ Initials _____

To purchase by mail:

1. Complete Application
2. Make checks payable to: SMUHSD
3. Mail to: San Mateo Union High School District
Attention: Bus Pass
650 N Delaware St., San Mateo, CA 94401

Beginning **Monday, July 22**, ASA Bus Pass will be available for purchase at [EZSchoolPay.com](https://ezschoolpay.com).Beginning **Monday, August 5**, ASA Bus Passes will be available for purchase at 991 E Poplar Ave, San Mateo Business Hours:
Monday – Friday, 7 - 11 a.m.

1. Parent/Guardian Information

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ Zip Code: _____ Email Address: _____

2. Student Information

First Student's Legal Name:		Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Aragon <input type="checkbox"/> Hillsdale <input type="checkbox"/> San Mateo
Student ID#:		
Second Student's Legal Name:		Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Aragon <input type="checkbox"/> Hillsdale <input type="checkbox"/> San Mateo
Student ID#:		

3. Type of Bus Pass (Check one)

Annual Pass <input type="checkbox"/> Annual Round Trip \$1,150 <input type="checkbox"/> Annual R/T Sibling Discount \$1,035 <input type="checkbox"/> Annual One Way A.M. \$858 <input type="checkbox"/> Annual One Way P.M. \$858 <input type="checkbox"/> Annual One Way Sibling A.M. \$774 <input type="checkbox"/> Annual One Way Sibling P.M. \$774 Total Quantity ____ Total Amount: \$_____	Monthly Pass No Sibling Discount <table> <tr> <td><input type="checkbox"/> August 2024</td> <td>\$150</td> <td><input type="checkbox"/> January 2025</td> <td>\$150</td> </tr> <tr> <td><input type="checkbox"/> September 2024</td> <td>\$150</td> <td><input type="checkbox"/> February 2025</td> <td>\$150</td> </tr> <tr> <td><input type="checkbox"/> October 2024</td> <td>\$150</td> <td><input type="checkbox"/> March 2025</td> <td>\$150</td> </tr> <tr> <td><input type="checkbox"/> November 2024</td> <td>\$150</td> <td><input type="checkbox"/> April 2025</td> <td>\$150</td> </tr> <tr> <td><input type="checkbox"/> December 2024</td> <td>\$150</td> <td><input type="checkbox"/> May 2025</td> <td>\$150</td> </tr> </table> Total Quantity: _____ Total Amount: \$_____	<input type="checkbox"/> August 2024	\$150	<input type="checkbox"/> January 2025	\$150	<input type="checkbox"/> September 2024	\$150	<input type="checkbox"/> February 2025	\$150	<input type="checkbox"/> October 2024	\$150	<input type="checkbox"/> March 2025	\$150	<input type="checkbox"/> November 2024	\$150	<input type="checkbox"/> April 2025	\$150	<input type="checkbox"/> December 2024	\$150	<input type="checkbox"/> May 2025	\$150
<input type="checkbox"/> August 2024	\$150	<input type="checkbox"/> January 2025	\$150																		
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<input type="checkbox"/> October 2024	\$150	<input type="checkbox"/> March 2025	\$150																		
<input type="checkbox"/> November 2024	\$150	<input type="checkbox"/> April 2025	\$150																		
<input type="checkbox"/> December 2024	\$150	<input type="checkbox"/> May 2025	\$150																		

Other Fees: <input type="checkbox"/> \$25 Returned check fee <input type="checkbox"/> \$15 Replacement fee for lost, stolen or damaged bus passes	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date: _____ Total Amount Paid: \$ _____
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No refunds on bus passes will be issued unless the family moves out of the District or into a non-busing zone.

Parent/Guardian Signature: _____ Date: _____