



**TRACY UNIFIED SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
2024-2025 Bus Pass Credit Card
Payment Form**

To pay with your credit card for Reduced Cost Busing, please complete this form along with the 2024-2025 Bus Pass Application and submit online at www.tracy.k12.ca.us or by fax (209 830-3217) together to the Transportation Department Office. For additional information regarding bus pass processing please refer to the 2024-2025 Bus Pass Information Packet.

Once your application and payment has been processed, your receipt will be mailed to you (*at the mailing address provided on the bus pass application*) and an email confirmation will be sent with the route information and notification that the bus pass(es) are ready for pick up by the parent/guardian.

Student(s) Name (*On bus pass application*) _____

Parent / Guardian Name (*On bus pass application*) _____

Cardholder's Name _____

Billing Address _____
Address City State Zip

Card Type (*Please circle one*) Visa MasterCard

Card # _____ - _____ - _____ - _____

Card Expiration Date and CVV Code _____ / _____ _____
Exp. Month Exp. Year CVV Code

My signature below authorizes the Tracy Unified School District Transportation Department to charge my credit card (*listed above*) as payment for Transportation bus fees for the 2024-2025 school year.

Cardholder's Signature _____

Date _____

- PLEASE DO NOT WRITE IN THIS SECTION - FOR TRANSPORTATION DEPARTMENT OFFICE USE ONLY -

First Semester/Full Year

Date Received by Transportation _____

Date Receipt Mailed by Transportation _____

Notes _____

Second Semester

Date Received by Transportation/Parent Authorized Second Semester _____

Date Receipt Mailed by Transportation _____

Notes _____