

San Mateo Union High School District
2024-25 Free/Reduced School Bus Application

District Use Only	
Student qualifies for Free/Reduced Bus Pass: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ZPass #: _____	Date Verified: _____
Approved by: _____	

To apply for free/reduced transportation, please complete this application and attach a copy of your qualification letter from Food Services. A \$15 non-refundable fee is due for replacement of lost, stolen or damaged bus passes.

1. 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#:		

2. Household Information: List all adult household members. Include income for all individuals 18 years or older, family and non-family. Total number of adults and children in your household:

	Last Name	First Name	Monthly Income, Total Gross Earning	Social Security, Retirement, Pensions	Welfare/Alimony Payments	All Other Income
1.						
2.						
3.						
4.						
Total Income: \$ _____						

3. Certification: I certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on this application.

Printed name of Parent/Guardian: _____ SSN: _____

Address: _____

Cell Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Please submit one of the documents listed below: (A free/reduced bus pass will not be issued without the required information.)

- Two months of paycheck stubs
- Most recent tax return
- Current documentation of AFDC, FDPIR or Foster Status
- Golden State Advantage Card
- HealthPlan of San Mateo Medi-Cal Card
- State of California Benefits Identification Card
- If you have no income, provide a brief note explaining how you provide food, clothing and housing and when you expect an income. If you are receiving cash aid, food stamps, or other assistance proof (with amounts) must be included to be complete.

A copy of the income eligibility guideline for free busing is available at the Transportation Office upon request:
 SMUHSD - Transportation Department | 991 E. Poplar Ave. San Mateo, CA 94401 | 650-558-2444