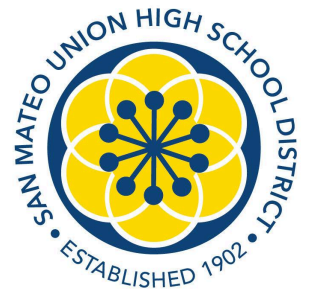


# San Mateo Union High School District 2025-26 School Bus Application



Dear SMUHSD Parent/Guardian:

Beginning **Monday, July 21, 2025**, bus passes will be available for purchase at [EZSchoolPay.com](https://EZSchoolPay.com). We strongly encourage parents to purchase bus passes online once you receive your student's class schedule.

Beginning **Monday, August 4, 2025**, 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 \$26 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](http://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 2025-26 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 that reads "Kelly Hubbard". The signature is written over a light gray rectangular background.

Kelly Hubbard  
Executive Transportation Officer  
San Mateo Union High School District

# 2025-2026 School Bus Application

<b>District Use Only</b>	
ZPass# _____	Initials _____
Confirmation # _____	

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 21**, Bus Pass will be available for purchase at [EZSchoolPay.com](https://ezschoolpay.com).

Beginning **Monday, August 4**, 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)

<b>Annual Pass</b> <input type="checkbox"/> Annual Round Trip \$1,185 <input type="checkbox"/> Annual R/T Sibling Discount \$1,066 <input type="checkbox"/> Annual One Way A.M. \$884 <input type="checkbox"/> Annual One Way P.M. \$884 <input type="checkbox"/> Annual One Way Sibling A.M. \$797 <input type="checkbox"/> Annual One Way Sibling P.M. \$797 Total Quantity ____ Total Amount: \$_____	<b>Monthly Pass</b> No Sibling Discount <input type="checkbox"/> August 2025 \$155 <input type="checkbox"/> January 2026 \$155 <input type="checkbox"/> September 2025 \$155 <input type="checkbox"/> February 2026 \$155 <input type="checkbox"/> October 2025 \$155 <input type="checkbox"/> March 2026 \$155 <input type="checkbox"/> November 2025 \$155 <input type="checkbox"/> April 2026 \$155 <input type="checkbox"/> December 2025 \$155 <input type="checkbox"/> May 2026 \$155 Total Quantity: _____ Total Amount: \$_____
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<b>Other Fees:</b> <input type="checkbox"/> \$26 Returned check fee <input type="checkbox"/> \$15 Replacement fee for lost, stolen or damaged bus passes	<b>Method of Payment</b> <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: \_\_\_\_\_