



STUDENT ID # _____

BUS PASS AND TICKET APPLICATION

2026/2027 School Year

PARENT/GUARDIAN NAME: _____ Email _____

ADDRESS: _____ APT/SPACE# _____ CITY/STATE/ZIP _____

PHONE: _____

FULL YEAR: 8/13/26 – 6/15/27

HALF YEAR: FALL SEMESTER

8/13/2026 – 1/22/2027

SPRING SEMESTER

1/25/2027 – 6/15/2027

<u>STUDENT(S) NAME</u>	<u>SCHOOL</u>	<u>GRADE</u>	<u>BUS STOP</u>	<u>ROUND TRIP PASS</u>		<u>ONE WAY PASS</u>		<u>TICKETS</u>	<u>Total</u>
				HALF YR	FULL YR	HALF YR AM PM	FULL YR AM PM		
1.				☐ \$175.00	☐ \$350.00	☐ ☐ \$87.50	☐ ☐ \$175.00	Ticket Book ☐ 40 tickets/\$45.00	
2.				☐ \$175.00	☐ \$350.00	☐ ☐ \$87.50	☐ ☐ \$175.00	Single Tickets ☐ \$2 each/ _____ QTY	
3.				☐ \$87.50	☐ \$175.00	☐ ☐ \$43.75	☐ ☐ \$87.50		
4.				☐ 1RT	☐ 2RT	☐ ☐ AM PM	☐ ☐ AM PM		

ALL Kindergarten/ TK students must be met at the bus stop by a parent/guardian. For all other grades, student(s) will be released from the bus without parent/guardian present.

My student(s) and I agree to comply with all the transportation policies and procedures of the Cajon Valley Union School District. My student(s) and I understand that to maintain transportation privileges, all rules pertaining to good conduct at the bus stop, on the school bus and at the school must be observed. We further understand that students are under the authority of the driver and the driver is held responsible for the orderly conduct of pupils being transported. My student(s) and I understand that any infraction of the rules may result in transportation privileges being suspended or revoked.

By signing this application, you are acknowledging reading and informing your student(s) of transportation rules and consequences for the disciplinary infractions.

_____ I acknowledge and accept the conditions stated.

Due to safety and security concerns, all students must be enrolled in the transportation program and have a valid bus pass or ticket to ride the bus.

Parent/Guardian Signature & Date

If there is additional information you'd like to share about your student(s) that will aid us in transporting them, please see other side of this application.

If there is anything you'd like to share about your student(s)that will make his/her ride to school more successful, please note your request below. For example, if your student would benefit by sitting in the front of the bus etc. The more information we have the better we can communicate with your child and make their ride as comfortable as possible.

Parent/Guardian Signature _____

Date _____