Print

WESTERN PLACER UNIFIED SCHOOL DISTRICT

600 Sixth Street, Suite 400, Lincoln CA 95648 Ph: 916-645-6350

APPLICATION FOR SCHOOL BUS TRANSPORTATION

Parent/Guardian's Name _____ Phone Number(s) _____

Home Address _____ City _____ State _____ Zip _____

	Regular Price Passes		Reduced-Price Passes	
	½ Year Pass	Annual Pass	½ Year Pass	Annual Pass
1 Pass/family	$125.00	$225.00	$62.50	$112.50
2 Passes/family	$250.00	$450.00	$125.00	$225.00
3+ Passes/family	$290.00	$520.00	$145.00	$260.00
10 Single ride tickets:	$15.00			

Student Name	Grade	School	Pass or Tickets	Fees	Office Use Only
			Total		

Only complete this section if you are applying for reduced-price transportation.

1. PLEASE LIST TOTAL NUMBER OF PEOPLE LIVING IN HOUSEHOLD _____
2. The total family income**, before deductions** is _____ per _____. Total family income includes wages of **all** working members living in this household, including parents, children, grandparents, etc., child support, alimony, social security and all other income.
3. **Attach proof of income or proof of current eligibility for TANF/Food Stamp/CalWorks benefits or proof of foster child status.**

Payment

Cash or check accepted. Make check payable to Western Placer Unified School District or WPUSD.

Processing

Mail application along with attachments and pay ment to the address above. If completed application and payment are received prior to the first day of school, passes will be mailed to your home address, if received after the first day of school, passes will be distributed to students at their schools.

Signed: _____ Date: _____

Office Use Only

Rec'd Date	Method: Mail / Internet Interoffice / Walk-In	By	Reduced Y / N	Check#	Amount	CC Auth	Distribution Interoffice / Mail