

SCHOOL BUS TRANSPORTATION APPLICATION (2008-2009)
 ROSEVILLE CITY SCHOOL DISTRICT
 1050 MAIN STREET, ROSEVILLE, CA 95678

Please fill in the information requested and return along with payment to the Roseville City School District.

One application is sufficient for all students in the family.

 Parent/Guardian's Name Home Phone Work Phone Date

 Home Address City Zip

 Mailing address if different from above

If your child leaves or returns to an address other than your home address please list and indicate **TO AND FROM:**

 Name Address Phone #

Please list students that will ride the bus: Location of bus stop _____

<u>Student's Name</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Passes: Round Trip Any Time

Office Use Only

	Monthly Pass	½ Year Pass	Annual Pass	Amount Enclosed	Pass Issued (circle)	Approved Free	Approved Reduced
1 Pass/family	\$ 40.00	\$138.00	\$254.00				
2 Passes/family	80.00	238.00	445.00				
3 Passes/family	120.00	337.00	634.00				
*Kindergarten one-way pass (If available)	\$ 20.00	\$ 69.00	\$127.00				

***Please note that transportation for kindergarten is not available at all school sites. If available, transportation will be provided one-way only as determined by the District.**

REDUCED PRICE TRANSPORTATION

To apply for reduced price paid transportation for your children, complete this portion of the page.

Total number in family now living in this household _____. Provide information on the total family income before deductions. Include wages of all working members living in this household (including parents, children, grandparents, etc.) as well as welfare payments, pensions, social security, and all other income.

FILL IN ONE: YEARLY \$ _____ MONTHLY \$ _____ WEEKLY \$ _____ OTHER \$ _____

Attach a copy of recent pay stubs, AFDC eligibility sheet, or other proof of income.

In certain cases, foster children are eligible for free transportation regardless of your family income. If you have foster children living with you, and wish to apply for such transportation service for them, please check here: _____. The school may wish to contact you for more information about your foster child to determine eligibility.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of state funds; that school officials may, for cause, verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable criminal statutes.

 Signature of Adult Family Member Date