Transportation Application

Roseville City School District

2021-2022

SEVILLECIA	
RCSD	
POL DISTRIC	
	RCSD

Return completed form a issue		ent to RCSD, Trar site during schoo						asses will be		
Student Name(s):			School:			Grade:	Gender:			
Address:				-						
Parent/Guardian Contact Information:										
Relationship to student:	Relationship to student:									
Name:				Name:						
Phone:				Phone:						
Email:				Email:						
			Bus Stop Info	rmation:	1					
Requested AM bus stop:					AM route #:		AM time:			
Requested PM bus stop:					PM route #:		PM time:			
Additional Information:										
Does your child have a He		issued by an RCS	D nurse?	□ Yes	□ No		1			
Please check any that app							□ Foster Y			
în certain ca		dren are eligible fo office may call yo				come. The tr	ansportatio	n		
			Bus Pass Info							
Bus Passes: Round Trip A	ny Time					Office U	se Only (sta	aff initials):		
	1 Pass/	2 Passes/	3 Passes/	Kindergarten	Amount	Pass	Approved	Approved		
	Family	Family	Family	one-way*	enclosed	Issued	Free	Reduced		
Monthly	\$40	\$80	\$120	\$20			□	□		
Semester (90 days)	\$138	\$238	\$337	\$69			□	□		
Annual	\$254	\$445	\$634	\$127			□	□		
30 one-way tickets	\$39									
ONE WAY ONLY, AS DET	ERMINED BY	THE DISTRICT.								
Bus passes can be purchased using cash (exact change), check or money order payable to: RCSD. A \$10 service fee will be charged for all returned checks. Refunds will ONLY be made for students leaving RCSD. Please refer to the Parents Transportation Fee Guidelines & Procedures.										
		REDUCED PR	ICE TRANSPOR	RTATION APPLIC	ATION					
To apply for Free/Reduced price Transportation, complete the information below. Recent pay stubs, CalWorks eligibility sheet, CalFresh eligibility sheet, or other income is required before the application can be reveiwed.										
All income must total the G pensions, social security a	•	,	-	members residing	g in the home.	All income	from wellfar	re payments,		
Total # of people current	ly living in the	household (pare	nts, children, gr	andparents, etc.):					
	Ar	Annual Mo		nthly We		eklv	Other			
Income amount(fill in one):	\$		\$	y	\$, ,	\$			
		come MUST be s		e your applicatio		cessed.	•			
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.										
I give my consent for this information to be available to authorized school, transportation, and emergency personnel to enable quality of care.										
Parent/Guardian Signature:								Date		