2024-2025 Transportation Application

Roseville City Elementary School District

Transitional Kindergarten-8th Grade Only

If you need High School transportation, please contact Roseville Joint Union High School District. This application is for TK-8th.

In Person: 1050 Main St. Roseville, CA Email: dortiz@rcsdk8.org Call: 916-771-1680

To be eligible for transportation, the student(s) listed below must live more than 2.0 miles (TK-5) or 2.8 miles (6-8) from the school. INTRA AND INTER-DISTRICT TRANSFER STUDENTS ARE NOT ELIGIBLE FOR BUSING. Please complete all the required information below (in red). This form will be sent to the transportation department, and if there are any questions, you will be contacted directly. Please refer to the Parents Transportation Fee Guidelines & Procedures if you have any questions.

contacted directly. Please refe	·	t/Guardian In			estions.
Parent/Guardian Name:	- Juanulaii iii	Cell Phone:			
rarenty duaratan name.	centrione.				
Email:		Work Phone:			
Address: City: State: Zip:					
	Gene	ral Student In	formatio	n:	
Student Name(s) School			Grade (TK-8th only)	Please check any that apply:	
1)				Overflow McKinney Vento Foster Youth	
2)				Overflow McKinney Vento Foster Youth	
3)				Overflow McKinney Vento Foster Youth	
4)				Overflow McKinney Vento Foster Youth	
Additional Comments for the Tra	nsportation Department:				
	Please check I	here if you are eligi	ble for free/ı	reduced fees.	
CAL Fresh/CalWORKs Case Number:		Monthly Income: \$		# of People In Your Family:	
		Bus Pass Fe	es:		
	1 Student	2 Studer	nts	3 Students	TK/One-Way*
Monthly Pass	\$40	\$80		\$120	\$20
Semester Pass	\$138	\$238		\$337	\$69
Annual Pass	\$254	\$445		\$634	\$127
30 One-Way Booklet	\$39				
*TK transportation is not available at all school sites. If available, transportation will be provided one-way only.					
	Trans	portation Bus	Pass Typ	e:	
Bus passes can be purchased with exact cash/check or online with ASB Works. Note: A \$10 service fee will be charged for all returned checks. Refunds will ONLY be made for students leaving RCSD. Please choose a pass below:					
Mor	nthly Pass Semester Pass	Annual Pass	30 One-W	ay Booklet TK/One-Way P	ass
Laive my consent for this	information to be available to c	authorized school, tro	insportation.	and emergency personnel to end	able quality of care.
Parent/Guardian Signature:				Date:	