



BUS PASS APPLICATION FOR 2018/2019

Transportation Department
MAILING ADDRESS: 12335 Woodside Ave.
PHYSICAL ADDRESS: 9707 Marilla Dr.
 Lakeside, CA 92040
 (619) 390-2605

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

HOME PHONE: _____

MOM CELL PHONE: _____ DAD WORK PHONE: _____

DAD CELL PHONE: _____ MOM WORK PHONE: _____

STUDENT(S) NAME	BIRTH DATE	SCHOOL	GRADE	OFFICE USE ONLY: BUS STOP
1.				
2.				
3.				
4.				

DOES YOUR STUDENT NEED TO BE MET BY A PARENT/GUARDIAN, PLEASE INDICATE:
 YES _____ NO _____

BI-ANNUAL IS FROM 8/23/18-1/31/19 or 2/1/19-6/14/19

ANNUAL PASS 1ST STUDENT = \$240

BI-ANNUAL PASS 1ST STUDENT = \$120

ANNUAL PASS TWO OR MORE STUDENTS = \$480

BI-ANNUAL PASS TWO OR MORE STUDENTS = \$240

TO QUALIFY FOR REDUCED PRICES YOU MUST COMPLETE THE BACK OF THIS APPLICATION (INCOME DISCLOSURE FORM) AND BRING REQUIRED DOCUMENTATION TO THE TRANSPORTATION OFFICE AT 9707 MARILLA DR. BEGINNING AUGUST 6TH, BETWEEN THE HOURS OF 7:00 A.M.-3:30 P.M.

REDUCED ANNUAL PASS 1ST STUDENT = \$80

REDUCED BI-ANNUAL PASS 1ST STUDENT = \$40

REDUCED ANNUAL PASS TWO OR MORE = \$160

REDUCED BI-ANNUAL PASS TWO OR MORE = \$80

Please complete all sections and return the application along with your check or money order to Lakeside Union School District, TRANSPORTATION DEPT., 12335 Woodside Ave., Lksde. CA 92040 INCOMPLETE/UNPAID APPLICATIONS WILL BE RETURNED.

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that children MUST present a VALID pass. Failure to do so will cause refusal of transportation. Parents/Guardians are advised that the District does not supervise bus stops and you are responsible for supervision and conduct of your children until they are safely on the school bus.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

OFFICE USE ONLY		
Received on: _____	Amount: _____	Check #: _____
Received on: _____	Amount: _____	Check #: _____
Pass mailed on: _____	Pass handed on: _____	Pass to driver on: _____
Pass mailed on: _____	Pass handed on: _____	Pass to driver on: _____
1. Student AM Route: _____	PM Route: _____	Wed. Route: _____
2. Student AM Route: _____	PM Route: _____	Wed. Route: _____
3. Student AM Route: _____	PM Route: _____	Wed. Route: _____
4. Student AM Route: _____	PM Route: _____	Wed. Route: _____

LAKESIDE UNION SCHOOL DISTRICT 2018-2019 INCOME DISCLOSURE FORM

Eligibility for exemption of bus pass fees is based on the total number of household members residing at the same address and TOTAL family GROSS income (INCLUDING employer paid allowances such as housing and meals).

TO QUALIFY FOR A FREE OR REDUCED PASS YOU MUST PROVIDE:

1. 2017/2018 Income Tax Returns for *self-employed ONLY*.
2. Last month's pay stubs/LES for ALL persons employed in the home. (all allowances are included as income)
3. If receiving assistance a *CURRENT* Notice of Action/Cal Works stating ALL benefit amounts.

To apply for exemption from payment of bus pass fees due to income status, complete BOTH sides of this form .

Name of Other Dependent Children Living in Household
1.
2.
3.
4.

List, by source, the total gross monies received by ALL household members before deductions as indicated below. Income is money received by ALL members of your economic family household and includes salaries and wages, earnings from self-employment, welfare, unemployment, social security, pension retirement, disability payments and employer paid allowances such as housing and meals.

Name of Parent/Guardian, and other adult family members	Source of Income	Amount of Income
1.		
2.		
3.		
4.		
5.		
TOTAL MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS		
TOTAL NUMBER OF MEMBERS (ADULTS + CHILDREN) IN HOUSEHOLD		

You must complete the above. Sign this disclosure, and bring required documentation (i.e. AFDC Notice tax return, pay stubs, etc.) to be considered for exemption/reduction of fees. If verification of income is not provided, your application for a free or reduced bus pass will not be considered and fees must be paid in full. If you qualify for a Fall Free/Reduced bus pass, you will be required to requalify for a Spring Pass.

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that Lakeside Union School District officials may verify the information on this application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal statutes.

Signature of Parent/Guardian