



# DISTRICT PAID BUS PASS APPLICATION

# 2018-19

**ONE APPLICATION PER FAMILY**  
**COMPLETE BOTH SIDES OF THIS APPLICATION**  
**Applications accepted beginning August 27, 2018**

**OFFICE USE ONLY**  
Date Processed: \_\_\_\_\_  
Date Given: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

LAST NAME OF STUDENT(S): \_\_\_\_\_

STUDENT(S) FIRST NAME	GRADE	SCHOOL	PICK-UP/DROP-OFF LOCATIONS			TYPE OF PASS		
			EM,TOW,TMS	DESIGNATED BUS STOP NUMBERS		CIRCLE REQUESTED TYPE OF PASS		
1)						ART	AOW-AM	AOW-PM
						Other:		
2)						ART	AOW-AM	AOW-PM
						Other:		
3)						ART	AOW-AM	AOW-PM
						Other:		
4)						ART	AOW-AM	AOW-PM
						Other:		

### PARENT PERMISSION:

Your signature indicates that you have read and understand the rules and regulations by which your student(s) must abide while riding any District school bus. All existing policies and rules regarding safety, student behavior and discipline on the bus remain in affect. Please review rules and regulations which are available at each site and online at [www.LBUSD.org](http://www.LBUSD.org). With your assistance LBUSD can continue to provide safe transportation. All students must behave appropriately while on the bus. Citations will be issued for misbehavior. Misuse of pass (coupon) may result in suspension or termination of transportation privileges.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT FIRST AND LAST NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**\$5.00 Replacement Fee for Lost or Stolen Passes**  
Please note: LBUSD will assess a \$25.00 fee, for checks returned by the Bank.



# DISTRICT PAID BUS APPLICATION

## DOCUMENTATION OF PROOF OF INCOME IS REQUIRED

The bus pass program is independent of the food program.

**Privacy Act Statement:** requires that, unless your child's CalFresh, CalWorks, KinGAP, or FDPIR case number is provided, along with a copy of your card and a copy of your current statement you must attach a copy of your 2017 Income Tax Return, and/or copies of two current paycheck stubs for all adults residing in the home. **NOTE: Income Tax Return must show student dependent as an exemption.** Verification may include program reviews, audits, contacting the State's Employment Development or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in being denied district paid transportation.

**CalFresh and CalWorks information:** *(If you do not have a case number, skip to next section)*

If receiving CalFresh or CalWorks, please enter case number below.

◆ **ATTACH A COPY OF BOTH YOUR CARD and CURRENT STATEMENT**

CalFresh Case # \_\_\_\_\_ CalWorks Case # \_\_\_\_\_

LIST NAMES OF ALL CHILDREN IN THIS HOUSEHOLD (under 21 years of age):

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

LIST NAMES OF ALL ADULTS IN THIS HOUSEHOLD AND THEIR TOTAL MONTHLY GROSS INCOME. DOCUMENTATION & PROOF OF INCOME IS REQUIRED.

Write the names of all adults (21 years and older) residing in your home.

◆ **ATTACH A COPY OF YOUR 2017 FEDERAL INCOME TAX RETURN** *(First page only of 1040, 1040A or 1040EZ)*

◆ **ATTACH COPIES OF TWO CURRENT PAYCHECKS STUBS FOR ALL ADULTS RESIDING IN YOUR HOME**

- |                       |                       |
|-----------------------|-----------------------|
| 1. _____ \$/Mo: _____ | 4. _____ \$/Mo: _____ |
| 2. _____ \$/Mo: _____ | 5. _____ \$/Mo: _____ |
| 3. _____ \$/Mo: _____ | 6. _____ \$/Mo: _____ |
| 4. _____ \$/Mo: _____ | 6. _____ \$/Mo: _____ |

### FOR ALL HOUSEHOLDS APPLYING: PLEASE READ AND SIGN BELOW

I understand that all of the information on this form is true and correct. I certify that the CalFresh number, or CalWorks case number is correct, or that all income is reported for all adults residing in my home. I understand that school officials may verify the information on the application and that deliberate misrepresentation of this information may subject me to prosecution under applicable state and federal laws. I understand that it is my parental/guardianship responsibility to notify LBUSD of any change of status that would make my child(ren) subject to the transportation fee.

 **SIGNATURE OF ADULT HOUSEHOLD MEMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

 **PRINT FIRST AND LAST NAME:** \_\_\_\_\_

**COMPLETE BOTH SIDES: ANY INCOMPLETE APPLICATIONS WILL BE RETURNED**

Questions regarding **ROUTES, STOPS & TIMES** should be directed to **DURHAM TRANSPORTATION (949) 376-0376**  
BUS PASS questions? Please call (949) 497-7700, ext. 5212 or go online to [www.LBUSD.org](http://www.LBUSD.org)