## Arcohe Union School District Request for Purchase of Bus Pass 2023 - 2024 School Year

## **Dear Parents or Guardians:**

Due to limited state funding for transportation, Arcohe Union School District will charge a MANDATORY FEE of \$ 1.00 per day to ride the bus. In order to receive discounted fees, please use the enclosed transportation waiver form.

\*Note: For Transportation Waiver, you can give a copy of your free or reduced lunch letter from the school or one months paystub for Proof of Income.

Please complete ALL parts of the request form and return to: AUSD office, P.O. Box 93, Herald, CA 95638

Question? Call us at (209)748-2313 ext. 1208. One form is sufficient for all students in the family.

\*\*THIS FORM MUST BE COMPLETELY FILLED OUT. SIGNED, AND TURNED INTO THE OFFICE.\*\*

	I HIS FORIVI IV	UST BE CON	IPLEIELT FILLE	יוסט קי	SIGNED AND	TORNEDIN	IO INE O	TICL.		
Student Info	ormation									
Parent/Guardia	an Name (Print)									
Home Phone						Cell phone				
Address										
City / Zip										
□ Not Riding the Bus (Check box if parents providing transport.)  Print the name below of each student who will ride the bus, indicating grade level for the 23-24 school year and the fee							Bus Service Fees			
							Bus Service Fees are payable by cash, check or money order.			
				OFFICE USE ONLY			Annual	a cricone pay	4510 10. 71.00110 002	
					T		Service/	Two Payment		
Bus				Bus			Round	Installments	Reduced Price	
Rider	Student Name	Grade	Fee Amount	Stop	Pass #	Family Size:	Trip		Criteria *	
								Aug \$90.00		
1st						1st Bus Rider	\$180.00	Feb \$90.00	\$72.00	
								Aug \$45.00	***	
2nd						2nd Bus Rider	\$90.00	Feb \$45.00	\$36.00	
						3rd Bus Rider	_	_	_	
3rd						(or more)	Free	Free	Free	
4th						* Qualifing for Free or Reduced Prices - Must Complete Attached Transportation Waiver Form with proof of income.*				
						1st Installment Due by August 31, 2023				
5th						2nd Installment Due by February 01, 2024				
Total Fee Amount			\$			Parent / Guardian Verification				
	Diago halada u		this forms							
Please include payment with this form						By signing below, I indicate that I have read the Arcohe USD				
FOR OFFICE USE ONLY						transportation rules. (See in the handbook) I also certify that the				
Processed:	Date	Ву	Amount	Ck#		information contained in this document is true and correct.				
						Signature of	Parent/G	uardian:		
							_			
						Date:	•			
□ Accepted □ Denied			nied						8/22/22 transp.JY	