

PLACERVILLE UNION SCHOOL DISTRICT
Transportation Department
2877 Schnell School Rd.
Placerville, CA 95667

APPLICATION FOR TRANSPORTATION SERVICE

| Student's First & Last Name (Please Print) | D.O.B. | School | Grade | Round Trip | AM only | PM only |
|---|--------|--------|-------|---------------|------------|------------|
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PARENT/GUARDIAN INFORMATION (Please Print):

Mother's Name: _____ Father's Name: _____
Email Address: _____ Email Address: _____
Cell Phone: _____ Cell Phone : _____
Work Phone: _____ Work Phone: _____

Home address: _____
Mailing address (if different): _____

Emergency Contacts who may meet child at bus stop or pick up at Transportation Department:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

***Does your child have any serious medical conditions?**

BUS STOP INFORMATION:

Morning Bus Stop (pick up) _____

Afternoon Bus Stop (drop off) _____

For TK/Kindergarten Students:

- ___ My TK/Kindergarten student is not allowed to walk home from the bus stop and needs an adult present
___ My TK/Kindergarten student is allowed to walk home from the bus stop by themselves
___ My TK/ Kindergarten student is allowed to walk home from the bus stop only with siblings

| FOR OFFICE USE ONLY | | | | |
|---------------------|--------------------|---------------------------|-------------------------|-------------|
| Date | Amount Received \$ | Check # or Cash Receipt # | (#) X (RT, AM, PM, B&G) | (Sem, Year) |
| | | | | |
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Placerville Union School District
APPLICATION FOR FREE AND REDUCED TRANSPORTATION FEES
Please complete if applying for Free/Reduced Bus Fees

Household size (include everyone currently living in your home): _____

Is this request for a Foster Child? YES ___ NO ___

List each household income below:

| Name | Monthly Income |
|------|----------------|
| | |
| | |
| | |
| | |

Households receiving food stamps or AFDC

Enter case number:

- Cal Fresh: _____
- AFDC : _____

Following is a list of documents that will be considered as proof of income.

Please check the proof of income you choose to provide:

- ___ **Earnings:** Current paycheck stub or letter from employer stating gross wages paid.
- ___ **Social Security / Pension / Retirement:** Social Security benefit letter or pension award letter.
- ___ **Unemployment Compensation / Disability / Workers Compensation:** Copy of award letter or check stub
- ___ **Welfare Payments:** Benefit letter from welfare stating current eligibility and amount of award.
- ___ **Child Support / Alimony:** Court decree or agreement.
- ___ **Self-Employment Income:** Copies of last year's annual federal tax return.
- ___ **No Income:** If you have no income, provide a brief note explaining when you expect an income.

Without proof of income your application will be returned incomplete.

I agree that all information provided on this form is true and correct. I understand that school officials will verify the information I have provided.

ALL INFORMATION PROVIDED IS CONFIDENTIAL.

Signature: _____ Date: _____

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Household size _____ Household Income _____ Cal Fresh _____ AFDC _____
Free _____ Reduced _____ Determining Official _____ Date _____