

**WEST SONOMA COUNTY UNION HIGH SCHOOL  
2009- 2010 School Year**

**SCHOOL TRANSPORTATION PASS APPLICATION FORM**

The semi-annual (per semester) fee schedule for home-to-school transportation service is shown below. Please fill out this form and remit your check or money order (**No Cash Please**) for the appropriate amount. The fee is non-refundable. If you wish, you may remit the fee for the entire school year. We will send a pass for each student and semester you indicate. The passes are non-transferable and forgery or duplicate use of a pass will result in expulsion from the school bus. Passes need to be presented to the school bus driver upon boarding of the bus for each ride.

**NOTE:** Booklets consist of 15 tickets. Students need to give one (1) ticket **PER** ride.

**Please do not cut off any of this form.**  
**CHECK ALL THAT APPLY**

**Bus Pass Fees submitted for:**

**FAL** 8/19/09-12/18/09     **SPRING** 1/4/10-6/3/10

Please send us \_\_\_\_\_ pass(es) for the following students:

			Semester	Year	Booklets
1.	_____	_____	\$145.00	\$290.00	\$40.00
	NAME OF STUDENT	SCHOOL			
2.	_____	_____	\$145.00	\$290.00	\$40.00
	NAME OF STUDENT	SCHOOL			
3.	_____	_____	\$145.00	\$290.00	\$40.00
	NAME OF STUDENT	SCHOOL			
4.	_____	_____	\$145.00	\$290.00	\$40.00
	NAME OF STUDENT	SCHOOL			

TOTAL REMITTED: \$ \_\_\_\_\_

BUS ROUTE #: \_\_\_\_\_ BUS STOP LOCATION \_\_\_\_\_ (please include, very important!!)

**Parents Name: (required)** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Please mail pass(es) to:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please remit and make your check payable to:

WEST COUNTY TRANSPORTATION AGENCY  
 367 W. ROBLES AVE  
 SANTA ROSA, CA 95407  
 ATTN: KATIE  
 (707) 206-9988 ext. 18

**PLEASE NOTE: West County Transportation is not staffed to accept walk-in applications.**

Note: Those families with moderate income; receive AFDC or Food Stamps may qualify for free or reduced rate passes. Please use the application on the reverse side of this form.

**WEST SONOMA COUNTY SCHOOLS**  
**APPLICATION FOR FREE OR REDUCED BUS PASS**

**SECTION A: HOUSEHOLDS ON FOOD STAMPS or AFDC ONLY**

1. List the names of the children eligible for Food Stamps or AFDC:

	Last Name	First Name	School	Grade
1.	_____			
2.	_____			
3.	_____			

2. Write the **Food Stamp** or **AFDC** case number:

**Food Stamp#:** \_\_\_\_\_ **AFDC#:** \_\_\_\_\_

3. Go to Section C and sign the Application.

Note: We will randomly check Food Stamp and AFDC Cases.

**SECTION B: ALL OTHER HOUSEHOLDS**

1. Is this request for a foster child? YES \_\_\_\_\_ NO \_\_\_\_\_

2. List the names of the children from your household in school

	Last Name	First Name	School	Grade
1.	_____			
2.	_____			
3.	_____			

3. List the names of the children in the household not in school

	Last Name	First Name	Last Name	First Name
	_____		_____	
	_____		_____	

4. List the names of ALL adults 21 years or older plus anyone else supporting the household and their income sources.

Last Name	First Name	Monthly Gross Earnings Including Pension, Welfare, & ALL Other Income
_____	_____	: _____
_____	_____	: _____
_____	_____	: _____

**SECTION C:** I understand that the information on this form is true and correct. I certify that the Food Stamp number or AFDC number is correct and all income is reported. I understand that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution.

**Signature** of adult household member: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

School Bus Route or Stop Location: \_\_\_\_\_

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**For Official Use Only**

AFDC\_\_ FS\_\_ FREE\_\_ REDUCED\_\_ APPROVED\_\_ DENIED\_\_ DATE\_\_