

**AMADOR COUNTY PUBLIC SCHOOLS
APPLICATION FOR HOME-TO-SCHOOL
TRANSPORTATION 2008-2009**

PLEASE COMPLETE THE APPLICATION AND RETURN WITH FEES TO:
AMADOR COUNTY UNIFIED SCHOOL DISTRICT, ATTN: BUS FEES, 217 REX AVENUE, JACKSON, CA
95642

Pass Requested	Name of School	Name of Student (Legal name)	Grade
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

PAYMENT OPTIONS

- Check Make Check Payable to: A.C.U.S.D.
 Credit Card (Visa / MasterCard) processing on-line at www.amadorcoe.org/bus_fees (convenience fee charged)

Parent / Guardian Name: _____
 Home Phone: _____ Work Phone: _____
 Mailing Address: _____
 City: _____ State: California Zip: _____
 E-mail address: _____

FREE OR REDUCED FEES ARE BASED ON THE FEDERAL ELIGIBILITY SCALE. PLEASE FILL IN THE INFORMATION BELOW WHEN APPLYING. YOU MUST PROVIDE WRITTEN VERIFICATION. WITHOUT VERIFICATION YOUR APPLICATION WILL NOT BE PROCESSED.

SECTION A: NON-CAL WORKS NUMBER OF PEOPLE IN HOUSEHOLD ____
 LIST THE NAMES OF ALL MEMBERS IN YOUR HOUSEHOLD, ADULTS AND CHILDREN WHO DO NOT RECEIVE CAL WORKS. AL NAMES, SOCIAL SECURITY NUMBERS AND INCOME MUST BE LISTED.

NAME	SOCIAL SECURITY NUMBER	MONTHLY INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B: CAL-WORKS NUMBER OF PEOPLE IN HOUSEHOLD ____
 LIST THE NAMES OF THE CHILDREN FOR WHOM YOU RECEIVE CAL WORKS.

NAME	SOCIAL SECURITY NUMBER	MONTHLY INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

MY SIGNATURE ON THIS FORM INDICATES THAT I CERTIFY ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT ALL FAMILY INCOME IS REPORTED. SCHOOL OFFICIALS WILL VERIFY THE INFORMATION ON THE APPLICATION AND ANY DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY BE SUBJECT TO PROSECUTION UNDER APPLICATION STATE LAWS. ALL INFORMATION PROVIDED IS CONFIDENTIAL. MY SIGNATURE ALSO INDICATES THAT I UNDERSTAND ALL FEES AND RULES OUTLINED ON THE HOME-TO-SCHOOL APPLICATION FORM.

Parent/Guardian Signature _____

DATE _____

**AMADOR COUNTY PUBLIC SCHOOLS
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	ONE CHILD	TWO CHILDREN	THREE OR MORE CHILDREN	
REGULAR				
ANNUAL FEE - IF PAID BEFORE 8/10/08	\$125	\$200	\$230	ROUND TRIP
ANNUAL FEE - PAID AFTER 8/10/08	\$150	\$230	\$270	ROUND TRIP
SEMI-ANNUAL - FIRST PAYMENT DUE PRIOR TO RIDING TRANSPORTATION	\$ 75	\$115	\$135	
SEMI-ANNUAL - SECOND PAYMENT DUE BY 1/18/2009	\$ 75	\$115	\$135	
ONE-WAY - EITHER MORNING OR AFTERNOON				
ANNUAL FEE	\$ 75	\$115	\$135	ONE WAY
SEMI-ANNUAL - FIRST PAYMENT DUE PRIOR TO RIDING TRANSPORTATION	\$ 38	\$ 58	\$ 68	
SEMI-ANNUAL - SECOND PAYMENT DUE BY 1/18/09	\$ 37	\$ 57	\$ 67	
REDUCED FEE				
MUST BE ELIGIBLE UNDER FEDERAL INCOME REGULATIONS				
APPLICATIONS MUST BE COMPLETE AND INCLUDE DOCUMENTATION				
ANNUAL FEE	\$ 75	\$115	\$135	ROUND TRIP
SEMI-ANNUAL - FIRST PAYMENT DUE PRIOR TO RIDING TRANSPORTATION	\$ 38	\$ 58	\$ 68	
SEMI-ANNUAL - SECOND PAYMENT DUE BY 1/18/09	\$ 37	\$ 57	\$ 67	
ONE-WAY - EITHER MORNING OR AFTERNOON				
SEMI-ANNUAL - FIRST PAYMENT DUE PRIOR TO RIDING TRANSPORTATION	\$ 38	\$ 58	\$ 68	
SEMI-ANNUAL - SECOND PAYMENT DUE BY 1/18/09	\$ 37	\$ 57	\$ 67	

FREE

MUST BE ELIGIBLE UNDER FEDERAL INCOME REGULATIONS
APPLICATIONS MUST BE COMPLETE AND INCLUDE DOCUMENTATION

FEE TO REPLACE LOST TRANSPORTATION PASS **\$5 EA**

The following is a list of documents that will be considered as proof of income for FREE or REDUCED Fees.

- **Earnings/Wages/Salary** - Current paycheck stub or letter from Employer (on business stationary) stating gross wages paid and how often paid.
- **Social Security/Pension/Retirement** - Social Security Benefit letter or Pension Award letter.
- **Unemployment Compensation/Disability or Workers Compensation** - Copy of Award letter or check stub.
- **Welfare Payments** - Benefit letter from Welfare Department stating current eligibility and amount of award.
- **Child Support/Alimony** - Court decree or agreement.
- **All Other Income**-If you have any other type of income, provide documents showing amounts of income and how often it is received.
- **Self-Employment** - Copies of last 12 months of bank statements and the last year's annual Federal Tax Return.
- **No Income** - If you have no income, provide a brief note explaining how you provide food, clothing, and housing and when you expect an income. Include last year's Federal Tax Return.

OCCASIONAL RIDERS - Purchase ticket books of 20 (. 50 cents a ride). - **\$10**

COURTESY PASSES - Principal/Designee may distribute a Courtesy Pass when a student has to take transportation unexpectedly.

REFUND POLICY

Refunds must be submitted in writing. Refunds will be made for the following three (3) reasons only:

1. After a student leaves the District, refunds will be prorated, subtracting out the days the student was enrolled in the District and able to utilize services.
2. After paying transportation fees a student has been determined to be eligible for Free or Reduced fees.
3. No refund will be issued if transportation privileges are suspended for inappropriate behavior or due to Board action.

TRANSPORTATION RULES – I have read the [School Transportation Rules](#) which includes the Citation Policy. I agree that my child must abide by said rules and understand that bus riding privileges may be suspended for a rule violation and that I will assume full responsibility for the transportation of my child.