

Bus Pass Application

Student Information (Please Print) Students who require busing only. Indicate the type of pass you are purchasing for each student by using the following key:

**Bus Pass: Annual Semester Trimester 10- Day Pass (All Students) (Grades 9-12) (Grades K- 8) (All students)				*Trip: RT=Round Trip A= AM only P= PM only		
Student ID	Last Name	First Name	School	Grade	**Bus Pass	*Trip

Annual Bus Pass Fees All Students		Semester Bus Pass Fees Grades 9 12		Trimester Bus Pass Fees Grades K 8	
• Round Trip	\$378	• Round Trip	\$199	• Round Trip	\$137
• One Way AM or PM	\$189	• One Way AM or PM	\$105	• One Way AM or PM	\$74
• 2nd Sibling discount	\$316	• 2nd Sibling discount	\$168	• 2nd Sibling discount	\$116
• One-way AM or PM	\$158	• One-way AM or PM	\$89	• One-way AM or PM	\$63
• 3rd Sibling discount	\$252	• 3rd Sibling discount	\$136	• 3rd Sibling discount	\$95
• One- way AM or PM	\$126	• One- way AM or PM	\$73	• One- way AM or PM	\$52
• 4th Sibling	Free	• 4th Sibling	Free	• 4th Sibling	Free

*****10- Day Bus Pass \$25- Only 3 passes allowed per school year.**

Parent/Guardian Information (Please Print)

Parent 1: (Last Name, First)			
Parent 2: (Last Name, First)			
Address:			Apt:#
City:	Zip Code:	Phone #:	()
Email: (Optional)			

Payment Information: We Accept Visa, MasterCard, Check or Money Orders. Do NOT Mail in CASH

CASH	CHECK/MO (circle one)	VISA / MC (circle one)	Credit Card Number
\$	\$	\$	

Signature:	Date:	Expiration Date:	CVV #:
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For your convenience, Bus Passes may be paid the following ways: Online at www.myschoolbucks.com, By Mail or in Person at 300 S Buena Vista, Corona CA 92882. If you have any questions please call the Bus Pass Office at 951-736-8233.

To Apply for a free bus pass please fill out the back page.

Fee –Waiver For Low Income Families - All Information is Confidential.

Circle all that apply and enter dollar amount on the right	Total Amount
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1. Do you currently receive Welfare or Calworks?	YES	NO	\$
2. Do you currently receive Calfresh (food stamps)?	YES	NO	\$
3. Is your student a Foster Child? If yes indicate income	YES	NO	\$
4. Are you or any child in the home receiving income from Social Security?	YES	NO	\$
5. Are you receiving income from Pension or Disability?	YES	NO	\$
6. Do you receive child support or alimony?	YES	NO	\$
7. Do you receive income from unemployment?	YES	NO	\$
8. Are you self-employed? (If yes include profit & lost statements)	YES	NO	\$
9. Do you receive cash payments	YES	NO	\$
10. Do you have other income/savings?	YES	NO	\$

Current verification of monthly income is required. Attach copies of unemployment receipts, social security/pension check stubs, AFDC notice of action, or court order child support/alimony

Employment Information: Report all income earned monthly before taxes & deductions. Attach previous year’s tax return (1040 A) or profit and lost.

		()		\$
		()		\$
	Phone#:	()	Gross Income:	\$

LIST OTHER CHILDREN/ADULT NOT LISTED LIVING IN THE HOME:

Name: (Last, First)		Age:		Monthly Gross Income:	\$
Name: (Last, First)		Age:		Monthly Gross Income:	\$
Name: (Last, First)		Age:		Monthly Gross Income:	\$
Name: (Last, First)		Age:		Monthly Gross Income:	\$

Total Number of Household Members (Children and Adults) _____ **Total Monthly Income:** \$ _____

By my signature below I CERTIFY UNDER PENALTY OF PERJURY that the information above is correct, and that all sources of income are reported. I UNDERSTAND that Deliberate misrepresentation or omission of income may result in suspension of riding privileges and/or prosecution under State Law.

Parent/Guardian Signature: _____ Date: _____

FOR DISTRICT USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

Exemption is:	Approved	Denied	Pending	Temporary	Total Income:	
Reason:					Comments:	
Audit By:					Date:	