2016/2017

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

Application for Home-to-School Transportation

Information regarding bus routes can be obtained by calling the Transportation Dept. @ 646-6643 or at your school site. If you wish to purchase a bus pass for your child/children, please complete the form below and return it with the appropriate fee to the Pacific Grove Unified School District, ATTN: Denise Engles, 435 Hillcrest Avenue, Pacific Grove, CA 93950, or return to your student's school office. Your bus pass will be returned to your MAILING address.

	1 Student	2 or more Students
Annual	\$100.00	\$150.00
1 Semester	\$80.00	\$120.00

Due to the clerical expense of processing bus fees, partial payments will not be accepted unless an emergency or special need situation exists. Exemptions will be granted based on the recommendation of the school principal with the approval of the Assistant Superintendent for Business Services.

I.	Student and Fee Information: (*Required Information) Non complete forms will delay the application					
	Student's Full Name:	School/Stop: (check one per ch	nild) Grade:	Fee:	Total	
1.		(_) Robert Down(_) Forest Grove		\$100 (year)		
		(_) PGMS (_) PGHS (_) CH	S	\$ 80 (semester)		
		*Bus Stop:				
2.		(_) Robert Down(_) Forest Grove		\$50 (year)		
		(_) PGMS (_) PGHS (_) CH	S	\$40 (semester)		
		*Bus Stop:				
3.		(_) Robert Down(_) Forest Grove		No charge 3 rd	0.00	
		(_) PGMS (_) PGHS (_) CH	S	child		
		*Bus Stop:				
4.		(_) Robert Down(_) Forest Grove		No charge 4 th	0.00	
		(_) PGMS (_) PGHS (_) CH	S	child		
		*Bus Stop:				
				TOTAL	\$	
II.	*Date	TOTAL amount enclosed: \$	#	\$		
			check	cash		
III.						
	*Parent/Guardian Signature	*Pare	*Parent/Guardian (Print Name)			
	*Address	*Phon	e	_//		
			Home		Cell	

IF YOUR STUDENT IS RETURNED TO HIS/HER SCHOOL BY ONE OF OUR DRIVERS A TOTAL OF 5 TIMES
THEY WILL BE REMOVED FROM THE BUS FOR THE REMAINDER OF THE SCHOOL YEAR

A T-K & KINDERGARTEN PARENT MUST BE PRESENT AT THEIR STUDENT'S HOME DROP OFF SPOT EVERY DAY

2016/2017

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

Application for **Free** Home-to-School Transportation

Approved		
Denied		

Information regarding bus routes can be obtained by calling the Transportation Dept. @ 646-6643 or at your school site. To apply for <u>free</u> home-to-school transportation, you must complete and sign the following application. Applications should be returned to: Pacific Grove Unified School District, ATTN: Denise Engles, 435 Hillcrest Avenue, Pacific Grove, CA 93950, or to your student's school office. YOUR BUS PASS WILL BE RETURNED TO YOUR MAILING ADDRESS.

		Student's F	bus transportatio		School: (check one		Grade
	1.	.,			(_) Robert Down (_) I		32.00
					(_) PGMS (_) PGHS		
					*Bus Stop:		
	2.				(_) Robert Down (_) I	Forest Grove	
					(_) PGMS (_) PGHS	(_) CHS	
					*Bus Stop:		
	3.				(_) Robert Down (_) I		
					(_) PGMS (_) PGHS	(_) CHS	
	4.				*Bus Stop:(_) Robert Down () l	Forest Grove	
	4.				(_) PGMS (_) PGHS		
					*Bus Stop:	(_) CIIS	
*I ce	rtify t	hat we are o	ualified for a fr	ee bus pass for the	following reason (ch	eck one):	
		Description		<u> </u>	g (v-	Identification i	#
()	1.	_	ansportation requ	uirement			
(2.				nsfer, Gate, Band, etc	.)	
(3.		p Eligibility	1	, , , , , , , , , , , , , , , , , , , ,	Food Stamp #:	
(4.	AFDC Rec				AFDC #:	
(5.			w one of the levels l	isted below:		
\ <u></u> /							
		Tota	al number of fam	nily living in househ	old	#:	7
					orking household membe	ers \$	
			welfare, etc.)		8	·	
					LITY GUIDELINES		
				July 1, 2016	- June 30, 2017		
			Household	Weekly	Monthly	Annually	
			Size	weekiy	Withinity	Aimuany	
			1*	\$423	\$1832	\$21978	
			2	570	2470	29637	
			3	718	3108	37296	
			4	865		44955	
				003	3747	44733	
			5	1012	4385	52614	
			5	1012 1160	4385 5023	52614 60273	
			5 6 7	1012 1160 1307	4385 5023 5663	52614 60273 67951	
			5 6 7 8**	1012 1160 1307 1455	4385 5023 5663 6304	52614 60273 67951 75647	
			5 6 7 8** * A household of	1012 1160 1307 1455 of one (1) means a fost	4385 5023 5663 6304 ter child, an institutional	52614 60273 67951 75647	
			5 6 7 8** * A household or a pupil wh	1012 1160 1307 1455 of one (1) means a fost o is his/her sole suppo	4385 5023 5663 6304 ter child, an institutional ort.	52614 60273 67951 75647	
			5 6 7 8** * A household or a pupil wh	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem	4385 5023 5663 6304 ter child, an institutional ort. aber add:	52614 60273 67951 75647 ized child,	
V.		I certify that	5 6 7 8** * A household of or a pupil where the second additional contents of the second additional content	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem +\$148	4385 5023 5663 6304 ter child, an institutional ort. aber add: +\$642	52614 60273 67951 75647 ized child,	reanested
[V .		I certify that	5 6 7 8** * A household of or a pupil where the second additional contents of the second additional content	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem +\$148	4385 5023 5663 6304 ter child, an institutional ort. aber add:	52614 60273 67951 75647 ized child,	requested.
[V .		I certify that	5 6 7 8** * A household of or a pupil where the second additional contents of the second additional content	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem +\$148	4385 5023 5663 6304 ter child, an institutional ort. aber add: +\$642	52614 60273 67951 75647 ized child,	requested.
IV.	Paren	I certify that	5 6 7 8** * A household of or a pupil whee **For each adding the above inform	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem +\$148	4385 5023 5663 6304 ter child, an institutional ort. aber add: +\$642 ee to provide appropria	52614 60273 67951 75647 ized child,	requested.
	Paren		5 6 7 8** * A household of or a pupil whee **For each adding the above inform	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem +\$148	4385 5023 5663 6304 ter child, an institutional ort. aber add: +\$642 ee to provide appropria	52614 60273 67951 75647 ized child, +7696 ite documentation if r	requested.
*	Paren Addre	t/Guardian S	5 6 7 8** * A household of or a pupil whee **For each adding the above inform	1012 1160 1307 1455 of one (1) means a fost o is his/her sole supportional household mem +\$148	4385 5023 5663 6304 ter child, an institutional ort. aber add: +\$642 ee to provide appropria	52614 60273 67951 75647 ized child, +7696 ate documentation if r	requested.

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