2017/2018

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**, o**r 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 process**

Enter the afternoon (*P.M.) return bus stop. Refer to Bus Routes at transportation.pgusd.org

	Student's Full Name:	**School/Stop:** (check one per child)	**Grade:**	**Fee:**	**Total**
1.		(_) Robert Down(_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop**:_____		**$100** (year) **$ 80** (semester)	
2.		(_) Robert Down(_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop**:_____		**$50** (year) **$40** (semester)	
3.		(_) Robert Down(_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop**:_____		No charge 3rd child	**0.00**
4.		(_) Robert Down(_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop**:_____		No charge 4th child	**0.00**
				TOTAL	**$**

***II.** ***Date** _____ TOTAL amount enclosed: $_____ #_____ $_____
check cash

***III.**

_____ _____
***Parent/Guardian Signature** ***Parent/Guardian (Print Name)**

***Address**_____ ***Phone** _____/_____/_____
Home **Work** **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

2017/2018

PACIFIC GROVE UNIFIED SCHOOL DISTRICT _____ Approved

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

Information regarding bus routes can be obtained by calling the Transportation Dept. @ 646-6643 or at your school site. To apply for **free** 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.**

***I.** I hereby apply for a **free** bus transportation pass for: **Required Information: *I,*II,*III,*IV Must Completed**

Enter the afternoon (*P.M.) return bus stop. Refer to Bus Routes at transportation.pgusd.org

	Student's Full Name:	**School:** (check one per child)	**Grade**
1.		(_) Robert Down (_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop**:_____	
2.		(_) Robert Down (_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop:_____**	
3.		(_) Robert Down (_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop**:_____	
4.		(_) Robert Down (_) Forest Grove (_) PGMS (_) PGHS (_) CHS ***P.M. Bus Stop:_____**	

***II. *I certify that we are qualified for a free bus pass for the following reason (check one):**

		Description:	**Identification #**
(__)	1.	IEP with transportation requirement	
(__)	2.	*Intra*-District Transfer (ie: District required transfer, Gate, Band, etc.)	
(__)	3.	Food Stamp Eligibility	Food Stamp #:
(__)	4.	AFDC Recipient	AFDC #:
(__)	5.	Family income is at or below one of the levels listed below:	

***III.**

Total number of family living in household	**#:**
Total family income **(include wages of all working household members plus welfare, etc.)**	**$**

INCOME ELIGIBILITY GUIDELINES

July 1, 2017 - June 30, 2018

Household Size	Weekly	Monthly	Annually
1*	$430	$1,860	$22,311
2	578	2,504	30,044
3	727	3,149	37,777
4	876	3,793	45,510
5	1,024	4,437	53,243
6	1,173	5,082	60,976
7	1,322	5,726	68,709
8**	1,471	6,371	76,442
* A household of one (1) means a foster child, an institutionalized child, or a pupil who is his/her sole support. **For each additional household member add:			
	+$149	+$645	+7,733

***IV. I certify that the above information is true and agree to provide appropriate documentation if requested.**

_____ _____

***Parent/Guardian Signature** ***Parent/Guardian (Print Name)**

***Address**_____ ***Phone** _____/_____/_____

Home **Work** **Cell**

_____

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