



**DURHAM UNIFIED SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

P.O. Box 300
Durham, CA 95938



2011-12 APPLICATION FOR FREE OR REDUCED HOME-TO-SCHOOL TRANSPORTATION

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

	Student Name		Grade	Morning Route			Afternoon		
	Last	First		1 st Run	2 nd Run	Bus Stop Address	1 st Run	2 nd Run	Bus Stop Address
	Student	Sample		B		101 ABC Street		C	678 XYZ Lane
1.									
2.									
3.									
4.									

FEE SCHEDULE

No fee will be charged after the second student in each family. There will be NO REFUNDS unless the student withdraws from the district for non-disciplinary reasons. Students within the non-bussing zone will not be transported unless there is sufficient room on the bus.

Student	Reduced Annual Round Trip \$50.00	Reduced Annual One Way \$25.00	Reduced Semester Round Trip \$25.00	Reduced Semester One Way \$12.50	Book of 10 Passes One Way \$10.00	Free	Student Total
1.							
2.							
3.							<i>No fee after second student</i>
4.							
MAKE CHECKS PAYABLE TO D.U.S.D.						Total Fare	

Check one:

- I authorize the Cafeteria Cook/Manager to utilize the Application for Free and Reduced-Price Meals for transportation eligibility
- A copy of the letter from the Cafeteria Cook/Manager indicating my student's eligibility for free or reduced-price meals is attached.
- Please utilize the information on the reverse page to determine my student's eligibility.

Signature _____

Parent / Guardian Name (please print) _____

Date _____

List any additional children in the family and residing in the household:

	Student Last Name	Student First Name	Age / Grade
1.			
2.			
3.			
4.			

_____ Children + _____ Adults = _____ Total family members residing in your household

GROSS MONTHLY INCOME: Complete the table below for all family adults who help support the family. List ALL income received last month on the same line with the person who received it. Examples of reportable income include: **wages, social security benefits, un-employment, workers compensation, Cal Works, child support**, etc. List gross income **before** all deductions for taxes, social security, etc.

Name	Social Security #	Income Last Month

INCOME VERIFICATION DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION!

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. SCHOOL OFFICIALS MAY VERIFY THE INFORMATION ON THE APPLICATION.

Signature of Parent / Guardian

Date

FOR SCHOOL USE ONLY - DO NOT WRITE IN THIS BOX

Family Size _____ Verified Month Income _____

Approved Eligibility: Free Reduced

Eligibility Denied for: Income Incomplete Application
 Other _____

Date Notice Sent _____

Determining Agent _____ Date _____