

CARMEL UNIFIED SCHOOL DISTRICT
APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION
For the 2016-2017 School Year

To Parents/Guardians: To apply for free school bus transportation services, you must return a completed and signed application to the school office.

I hereby apply for a free school bus transportation pass for:

	Student's Name(s)	School	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I believe we are qualified for free school bus transportation for one or more of the following reasons (Check one):

___ 1. Family income is at or below the following levels:

2016-2017 ELIGIBILITY SCALE					
Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1*	\$21,978	\$1,832	\$916	\$846	\$423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455

For each additional family member, add:

	\$7,696	\$642	\$321	\$296	\$148
--	---------	-------	-------	-------	-------

- Verification:**
- a) Total number in family now living in this household: _____
 - b) Total family income before deductions. Includes wages of all working members living in this household (including parents, children, grandparents, etc.) as well as welfare payments, pensions, social security, and all other income:
 Yearly \$ _____ Monthly \$ _____ Weekly \$ _____ Other \$ _____
 - c) "Family" means a group of related or non-related individuals living as one economic unit.

____ 2. Foster child(ren) residing in my home:

_____, _____, _____ is a foster child.

Verification: a) Certification of Foster Child status as verified by the school principal.

b) Legal authority for the child is maintained by

Name of Welfare/Placement Agency

____ 3. Student is required by CUSD to attend a school outside of attendance area.

_____ is required by the school district to attend a school outside of his/her attendance area.

Verification: a) Attendance Area School

b) School Assigned to

=====

PARENT/GUARDIAN CERTIFICATION:

I hereby certify that all of the above information is true and correct. I understand that school officials may verify the information to this application.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Mailing Address

Phone

City/State/Zip

Date

=====

TRANSPORTATION VERIFICATION:

Based on my review of this application, free school bus transportation service is: _____ APPROVED _____ DENIED

If denied, state reason(s):

Transportation Approval

Date

NOTE: Special Education students whose Individualized Education Programs call for transportation services shall be granted a free bus pass. A parent application form is not required.