

CARMEL UNIFIED SCHOOL DISTRICT
APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION
 For the 2019- 2020 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. School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income. You do not have to give the information, but if you do not, we cannot approve your child for free transportation.

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:

Household Size	Year	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 16,237	\$ 1,354	\$ 677	\$ 625	\$ 313
2	\$ 21,983	\$ 1,832	\$ 916	\$ 846	\$ 423
3	\$ 27,729	\$ 2,311	\$ 1,156	\$ 1,067	\$ 534
4	\$ 33,475	\$ 2,790	\$ 1,395	\$ 1,288	\$ 644
5	\$ 39,221	\$ 3,269	\$ 1,635	\$ 1,509	\$ 755
6	\$ 44,967	\$ 3,748	\$ 1,874	\$ 1,730	\$ 865
7	\$ 50,713	\$ 4,227	\$ 2,114	\$ 1,951	\$ 976
8	\$ 56,459	\$ 4,705	\$ 2,353	\$ 2,172	\$ 1,086
For each additional family member add	\$ 5,746	\$ 479	\$ 240	\$ 221	\$ 111

- 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.