



SCHOOL BUS PASS APPLICATION

2019 - 2020 SCHOOL YEAR

ONE APPLICATION PER FAMILY

Please complete all steps of the application and return to:
 Jefferson Elementary School District – Student Services
 1219 Whispering Wind Drive, Tracy, CA 95377
 Questions? Call us at (209) 835-3968

FOR OFFICE USE ONLY					
PROCESSED DATE	_____	TOTAL FEES COLLECTED	_____		
CHK AMT	_____	CASH	_____		
CHK #	_____	RECEIPT #	_____		
ACCEPTED BY (PRINT)	_____	ACCEPTED BY (SIGN)	_____		
INTEROFFICE	MAIL	FAX	WALKIN	SPECIAL ED APPROVAL:	_____

PASS MUST BE DISPLAYED TO BOARD THE BUS

Family & Student Information: All Students(s) information must be completed.

Parent/Guardian Name(s): _____

Student Information: List each student's name. **Schools:** *J = Jefferson M = Monticello H = Hawkins T = Traina*

1.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
2.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
3.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
4.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	
5.	_____	_____	_____	_____	_____	_____	_____
First Name	Last Name	Grade	School	AM/PM/RT	Type of Pass Code	Cost	

Types of Services/Fees 2019-2020

Code	Semester Service	One Student	Two Students	Three or More Students
SOW	One Way <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> \$60	<input type="checkbox"/> \$110	<input type="checkbox"/> \$155
	Check Semester Box			
SRT	Round Trip	<input type="checkbox"/> \$120	<input type="checkbox"/> \$220	<input type="checkbox"/> \$305
Code	Annual Service	One Student	Two Students	Three or More Students
AOW	One Way <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	<input type="checkbox"/> \$120	<input type="checkbox"/> \$220	<input type="checkbox"/> \$305
	Check Semester Box			
ART	Round Trip	<input type="checkbox"/> \$230	<input type="checkbox"/> \$430	<input checked="" type="checkbox"/> \$600

Free/Reduced Transportation (check the applicable box)	Students Eligible for Free Transportation (check the applicable box)
Complete both sides of the bus application to apply for the Free /Reduced Transportation <input type="checkbox"/> Free/Reduced Transportation*	<input type="checkbox"/> Food Service Acceptance Letter* <input type="checkbox"/> Foster Status* Case# _____ <input type="checkbox"/> Special Education
*Documentation of proof of income will be required	*All documentation must be included with this application to qualify for the Free bus pass.

				FEES	
Address	Apt	Phone # 1	Home/Mobile/Work	\$2.00	Replacement Fee
City	Zip	Phone # 2	Home/Mobile/Work	For Lost or Stolen Passes	
Sub-Division	Nearest Cross Street	Email Address		\$20.00	Returned Check
				For any non-sufficient fund (NSF) check	

Your signature indicates that you have read and understand the rules and regulations by which your student(s) must abide while riding any District school bus. All existing policies and rules regarding safety, student behavior and discipline on the bus remain in effect. Please review rules and regulations which are available online at www.jeffersonschooldistrict.com. With your assistance JSD can continue to provide safe transportation. All students must behave appropriately while on the bus. Citations will be issued for misbehavior. Misuse of a pass may result in suspension or termination of transportation privileges **without** a refund.

Parent/Guardian Signature: _____ Date: _____



Jefferson Elementary School District – Transportation Department

FREE OR REDUCED BUS APPLICATION

2019- 2020 SCHOOL YEAR

Please complete all steps of the application and return to:

Jefferson Elementary School District – Student Services

1219 Whispering Wind Drive, Tracy, CA 95377

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OFFICE USE ONLY		
_____	TTL HH Size	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied
_____	TTL Income	<input type="checkbox"/> Proof of Income* *Statements & income for all adults in household
_____	Determining Official	_____ Determining Date

Privacy Act Statement: requires that, unless your child’s SNAP, CalWORKs or FDPIR case number is provided, you must attach a copy of your 2016 Income Tax Return*, and/or two current paycheck stubs from all adults residing in the home. Verification may include program reviews, audits, contacting employers to determine income, contacting the State’s Employment Development or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in being denied district paid transportation. (*Income Tax Return must show student(s) dependent as an exemption)

SNAP and CalWORKs Information:

If you do not have a case number skip to Section 2 below. If you are receiving SNAP or CalWORKs, please enter case number below.

SNAP Case #: _____ **CalWORKs Case #** _____

LIST ALL CHILDREN IN THIS HOUSEHOLD (under 21 years of age):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Total Number of **CHILDREN** in this household: _____

LIST ALL ADULTS IN THIS HOUSEHOLD AND THEIR TOTAL MONTHLY GROSS INCOME.

DOCUMENTATION & PROOF OF INCOME IS REQUIRED. (COPIES MUST BE ATTACHED IN ORDER TO PROCESS APPLICATION)

Write the names of those 21 years or older, and anyone else with income in the household, regardless of age.

- TWO CURRENT PAYCHECK STUBS AND ANY OTHER PROOF OF GROSS INCOME FOR ALL ADULTS AT HOME , OR
- 2016 INCOME TAX RETURN

- | | |
|-----------------------|-----------------------|
| 1. _____ \$/Mo: _____ | 4. _____ \$/Mo: _____ |
| 2. _____ \$/Mo: _____ | 5. _____ \$/Mo: _____ |
| 3. _____ \$/Mo: _____ | 6. _____ \$/Mo: _____ |

Total Number of **ADULTS** in this household: _____

ALL MUST READ AND COMPLETE THIS SECTION

California Education Code Section 39807.5 Payment of transportation cost; amount of payment: The governing board shall exempt from these charges pupils and parents and guardians who are indigent or handicapped as set forth in rules and regulations adopted by the board. Children participating in the free transportation program will not be overtly identified by the use of special tokens, special tickets, special identification, or any other means.

Confidentiality You must include the social security number of the adult signing the application or indicate that the adult signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the residents in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program review, audits, and investigations and may include contacting employers to determine income, benefits, contacting State offices to determine the amount of benefits received and checking the documentation produced by residents to prove the amount of income received. These efforts may result in a loss of benefits, administrative claims or legal actions if incorrect information is reported.

I certify that all of the information on this application as well as on materials I have provided is true and correct and that all individuals and income is reported. I understand that this information is given for the receipt of free or reduced cost transportation services; that school officials may verify the information on the application and the misrepresentation of information may subject me to immediate termination of free or reduced transportation services as well as prosecution under applicable State and Federal laws.

_____	_____	_____	_____
Signature of Adult Household Member Completing Application	Social Security Number	Home Phone	Date
_____	_____	_____	_____
Printed Name	Total Household Size	Cell Phone	

COMPLETE BOTH SIDES: ANY INCOMPLETE APPLICATIONS WILL BE RETURNED