

**PALO ALTO UNIFIED SCHOOL DISTRICT  
APPLICATION FOR SCHOOL BUS PASS  
2007-08**

<i>Return this application to:</i> Business Services, Bus Passes Palo Alto Unified School District 25 Churchill Avenue Palo Alto, CA 94306
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Parent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Based on the fee schedule below and the number of students you list on the back of this page, please indicate the amount you are paying and attach your check or money order payable to Palo Alto Unified School District, or complete the section below the dotted line:

Round Trip	<u>one student</u> \$350/semester (700/year)	<u>each additional student</u> \$175/semester (350/year)	Total Payment  \$ _____
One Way (AM or PM)	<u>one student</u> \$230/semester (460/year)	<u>each additional student</u> \$115/semester (230/year)	

Please list each student separately and provide all relevant data below, using the enclosed Route List to determine morning, afternoon, and minimum day routes and stops for each child. ANY STOPS YOU LIST BELOW MUST BE ON THE ROUTE LIST. Buses will pick up and drop off students only at the designated stops. Incomplete applications will be returned unprocessed. There are a limited number of seats on each bus, and passes will be issued on a first come, first serve basis. If you have a question, feel free to call us at 329-3706.

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade\* \_\_\_\_\_

AM: Route \_\_\_\_\_ Stop \_\_\_\_\_

PM: Route \_\_\_\_\_ Stop \_\_\_\_\_

Minimum Day: Route \_\_\_\_\_ Stop \_\_\_\_\_

Kinder Early PM Route \_\_\_\_\_ Kinder Late PM Route \_\_\_\_\_ Stop \_\_\_\_\_

\*If Kindergarten, who will meet student at the afternoon bus stop? \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade\* \_\_\_\_\_

AM: Route \_\_\_\_\_ Stop \_\_\_\_\_

PM: Route \_\_\_\_\_ Stop \_\_\_\_\_

Minimum Day: Route \_\_\_\_\_ Stop \_\_\_\_\_

Kinder Early PM Route \_\_\_\_\_ Kinder Late PM Route \_\_\_\_\_ Stop \_\_\_\_\_

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**APPLICATION FOR EXEMPTION FROM BUS FEE**  
(Complete this part only if you are applying for a free bus pass.)

I believe my student(s) qualifies for exemption from bus fees based on:

\_\_\_\_\_ Low income (fill out information below)

For Low Income Exemption: Please list all adult household members and indicate the amount and source of income each receives on a regular monthly basis:

Name(s)	Gross Earnings from All Work (before deductions) or Disability	Pension, Retirement, Alimony	Welfare Benefits, Child Support	Any Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of people in household: \_\_\_\_\_ Check here if your child attends Besse Bolton \_\_\_\_\_

Parent signature \_\_\_\_\_