



2009/2010

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
Application for Home-to-School Transportation

Information regarding bus routes can be obtained by calling the Transportation Dept @ 646-6643 or at your school site.
If you wish to purchase a bus pass for your child/children, please complete the form below and return it with the appropriate fee to the Pacific Grove Unified School District, ATTN: Debbie Ternullo, 555 Sinex Avenue, Pacific Grove CA 93950.
Or it can be returned to your student's school's office. Your bus pass(es) will be returned to your MAILING address.

Table with 3 columns: Fee Type, 1 Student, 2 or more Students. Rows include Annual (\$100.00/\$150.00) and 1 Semester (\$80.00/\$120.00).

Due to the clerical expense of processing bus fees, partial payments will not be accepted unless an emergency or special need situation exists. Exemptions will be granted based on the recommendation of the school principal with the approval of the Assistant Superintendent for Business Services.

*I. Student and Fee Information: (*Required Information)

Table for student and fee information with columns: Student's Full Name, School, Grade, Fee, Total. Includes rows for 1st, 2nd, 3rd, and 4th children with specific fee amounts and a total row.

II. *Date TOTAL amount enclosed: \$ # \$
check cash

III.

*Parent/Guardian Signature *Parent/Guardian (Print Name)
*Address Home Phone:
Work Phone:
Cell Phone:

Your bus pass(es) will be returned to your mailing address.

2009/2010

PACIFIC GROVE UNIFIED SCHOOL DISTRICT
Application for **Free** Home-to-School Transportation

____ Approved
____ Denied

Information regarding bus routes can be obtained by calling the Transportation Dept. @ 646-6643 or at your school site. To apply for **free** home-to-school transportation, you must complete and sign the following application. Applications should be returned to : Pacific Grove Unified School District, ATTN: Debbie Ternullo, 555 Sinex Avenue, Pacific Grove, CA 93950. Or it can be returned to your student's school's office. Your bus pass(es) will be returned to your MAILING address.

I. I hereby apply for a **free** bus transportation pass for:

	Student's Full Name:	School: (check one per child)	Grade
1.			
2.			
3.			
4.			

II. *I certify that we are qualified for a free bus pass for the following reason (check one):

	Description:	Identification #
<input type="checkbox"/>	1. IEP with transportation requirement	
<input type="checkbox"/>	2. <i>Intra</i> -District Transfer (ie: District required transfer, Gate, Band, etc.)	
<input type="checkbox"/>	3. Food Stamp Eligibility	Food Stamp #:
<input type="checkbox"/>	4. AFDC Recipient	AFDC #:
<input type="checkbox"/>	5. Family income is at or below one of the levels listed below:	

INCOME ELIGIBILITY GUIDELINES			
July 1, 2009 - June 30, 2010			
Household Size	Weekly	Monthly	Annually
1*	\$386	\$1,670	\$20,036
2	519	2,247	26,955
3	652	2,823	33,847
4	785	3,400	40,793
5	918	3,976	47,712
6	1,051	4,553	54,631
7	1,184	4,130	61,550
8**	1,317	5,706	68,469
* A household of one (1) means a foster child, an institutionalized child, or a pupil who is his/her sole support.			
**For each additional household member add:			
	+\$134	+\$577	+\$6,919

III. *Verification:

Total number of family living in household	#:
Total family income (include wages of all working household members plus welfare, etc.)	\$

IV. I certify that the above information is true and agree to provide appropriate documentation if requested.

*Parent/Guardian Signature

*Address:

*Parent/Guardian (Print Name)

Home Phone :

Work Phone :

Cell Phone :