

SPRECKELS UNION SCHOOL DISTRICT
APPLICATION FOR FREE SCHOOL BUS TRANSPORTATION

To Parents/Guardians:

To apply for free school bus transportation service you must return a completed and signed application, **including proof of income**, to the District Office.

Note: Special Education students whose Individualized Education Programs (IEP) calls for transportation services shall be granted free busing. A parent application form is not required.

FREE APPLICATION DEADLINE: Monday, September 16, 2024

I hereby apply for free school bus transportation for:

	STUDENT'S NAME (Please Print)	GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I believe we are qualified based upon the following:

CHECK ONE:

1. Foster child/ren; _____.

Verification:

A. Certification of Foster Child Status

B. Legal authority for the child is maintained by:

Agency: _____ Welfare/Placement: _____

2. Family Income (for size of family) is at or below the following levels:

Income Eligibility Guidelines					
household size	year	month	twice per month	every two weeks	week
1	\$ 27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
a	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add:	\$ 9,953	\$ 830	\$ 415	\$ 383	\$ 192

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INCOME ELIGIBILITY GUIDELINES VERIFICATION:

Total number in family now living in this household _____

Total family income before deductions. Includes wages of all working members living in this household (including parents, children, grand-parents, etc.) as well as welfare payments, pensions, social security, and all other income.

INCOME: Yearly \$_____ Monthly \$_____ Weekly \$_____

Family means a group of related or non-related individuals living as one economic unit.

PARENT / GUARDIAN CERTIFICATION:

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

Signature of Parent/Guardian

Please Print Name

Address

Phone

City, State, Zip Code

Date

District Office Use Only

District Verification:

Based on my review of this application, free school bus transportation is:

_____ **Approved**

_____ **Denied**

Atencion

Si necesita ayuda para interpretar, por favor venga a la oficina de la escuela o llame para asistencia. (831) 455-1831 ext. 100