2024/2025

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

Information regarding bus routes can be obtained by calling the Transportation Dept. @ 646-6530 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: Pacific Grove Unified School District ATTN: Transportation 435 Hillcrest Avenue Pacific Grove, CA 93950 or to your student's school office. YOUR BUS PASS WILL BE RETURNED TO YOUR MAILING ADDRESS.

**** Allow two weeks for processing. ****

	1 Student	2 or more Students
Annual	\$100.00	\$150.00
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. <u>Student and Fee Information</u>: (*Required Information) Incomplete forms will delay the application process)

	*Student's Full Name:	*School/Stop: (check one per child)	*Grade:	Fee:	Total
1.		(_) Forest Grove (_) Robert Down		\$100 (year)	
		() PGMS		\$ 80 (semester)	
		*P.M. Bus Stop:			
2.		(_) Forest Grove (_) Robert Down (_) PGMS		\$50 (year)	
		* P.M. Bus Stop :		\$40 (semester)	
3.		() Forest Grove () Robert Down		No charge 3 rd	0.00
5.		() PGMS		child	0.00
		*P.M. Bus Stop:			
4.		(_) Forest Grove (_) Robert Down		No charge 4 th	0.00
		(_) PGMS		child	
		*P.M. Bus Stop:			
				TOTAL	\$
III.		TOTAL amount enclosed: \$ check		cash	
	*Parent/Guardian Signature	*Parent/Gua	rdian (Prin	t Name)	
				,	
	*Address				
	*Address	*Phone	ome	////////	Cell
	*Address	*Phone H	ome	////////	Cell
	*Address	*Phone H	ome	//	Cell
IF		*Phone H *EMAIL:	ome	////	Cell
IF	YOUR STUDENT IS RETURN	<pre>*Phone // H H ED TO HIS/HER SCHOOL BY ONE OF</pre>	ome	Work //	Cell
<u>IF</u>	YOUR STUDENT IS RETURN	*Phone H *EMAIL:	ome	Work //	Cell

Enter the afternoon (*P.M.) return bus stop. Refer to Bus Routes at transportation.pgusd.org

STUDENT'S HOME DROP OFF SPOT EVERY DAY

2024/2025 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. (a) 646-6530 or at your school site. To apply for <u>free</u> home-to-school transportation, you must complete and sign the following application. Applications should be returned to: Pacific Grove Unified School District, ATTN: Transportation, 435 Hillcrest Ave., Pacific Grove, CA 93950 or to your student's school office. YOUR BUS PASS WILL BE RETURNED TO YOUR MAILING ADDRESS. **** Allow two weeks for processing. ****

*I.	I hereby apply for a <u>free</u> bus transportation pass for:	Required Information: *I,*II,*III,*IV	Must be Completed
	Enter the offernoon $(*DM)$ return has atom	n Defer to Due Deutes at transportation n	and are

	*Student's Full Name:	*School: (check one per child)	*Grade
1.		(_) Forest Grove (_) Robert Down (_) PGMS *P.M. Bus Stop:	
2.		(_) Forest Grove (_) Robert Down (_) PGMS * P.M. Bus Stop :	
3.		(_) Forest Grove (_) Robert Down (_) PGMS * P.M. Bus Stop :	
4.		(_) Forest Grove (_) Robert Down (_) PGMS * P.M. Bus Stop :	

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

			Description:	Identification #
()	1.	IEP with transportation requirement	
()	2.	Forced Intra-District Transfer Reason:	
()	3.	Food Stamp Eligibility	Food Stamp #:
()	4.	AFDC Recipient	AFDC #:
()	5.	Family income is at or below one of the levels listed below:	

*III.

Total number of family living in household				#:		
Total family g	\$					
INCOME ELIGIBILITY GUIDELINES						
July 1, 2023 – June 30, 2024						
Household Size	<u>Weekly</u>	<u>Monthly</u>	An	nually		
1*	\$519	\$2,248		\$26,973		
2	702	3,041		33,482		
3	885	3,833,	45,991			
4	1,068	4,625		55,550		
5	1,251	5,418		65,009		
6	1,434	6,210		74,518		
7	1,616	7,003		84,027		
8**	1,799	7,795	93,536			
 * 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: 						
	+\$183	+\$793		+9,509		

*IV.

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

*Parent/Guardian Signature	*Parent/Guardian (Print Name)		
*Address	*Phone	/	/
	Home	Work	Cell
	EMAIL:		
F VOUR STUDENT IS RETURNED TO HIS/HER SCH	IOOL BV ONE OF OUR DR	IVERS A TOTA	L OF 3 TIMES

IF YOUR STUDENT IS RETURNED TO HIS/HER SCHOOL BY ONE OF OUR DRIVERS A TOTAL OF 3 TIMES THEY WILL BE REMOVED FROM THE BUS FOR THE REMAINDER OF THE SCHOOL YEAR <u>A TK & KINDERGARTEN PARENT MUST BE PRESENT AT THEIR</u> STUDENT'S HOME DROP OFF SPOT EVERY DAY