2023/2024

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. Student and Fee Information: (*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 (_) PGMS *P.M. Bus Stop:		\$100 (year) \$ 80 (semester)		
2.		() Forest Grove () Robert Down () PGMS *P.M. Bus Stop:		\$50 (year) \$40 (semester)		
3.		() Forest Grove () Robert Down () PGMS *P.M. Bus Stop:		No charge 3 rd child	0.00	
4.		() Forest Grove () Robert Down () PGMS *P.M. Bus Stop:		No charge 4 th child	0.00	
				TOTAL	\$	
	*Date	TOTAL amount enclosed: \$che	#	\$cash		
.•		cned	CK	casn		
L•						
	*Parent/Guardian Signature	*Parent/0	*Parent/Guardian (Print Name)			
	*Address	*Phone				
			Home		Cell	
			ноте	Work	Cell	

<u>IF YOUR STUDENT IS RETURNED TO HIS/HER SCHOOL BY ONE OF OUR DRIVERS A TOTAL OF 5 TIMES</u>
THEY WILL BE REMOVED FROM THE BUS FOR THE REMAINDER OF THE SCHOOL YEAR

A T-K & KINDERGARTEN PARENT MUST BE PRESENT AT THEIR STUDENT'S HOME DROP OFF SPOT EVERY DAY

2023/2024 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. @ 646-6530 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: DESIREE BABAS, 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 ****

1 1						o weeks for processin	0	
ı h	ereby	app	-		ortation pass for:		on: *I,*II,*III,*IV Mus	
	_						es at transportation.pgusd.o	
	⊢		*Stud	ent's Full Name	2:		ck one per child)	*Grade
		1.					e (_) Robert Down	
						() PGMS		
						*P.M. Bus Sto	•	
		2.					e (_) Robert Down	
						(_) PGMS		
						*P.M. Bus Sto	p:	
		3.					e (_) Robert Down	
						(_) PGMS		
						*P.M. Bus Sto	p:	
		4.				() Forest Grove	e (_) Robert Down	
						(_) PGMS		
						*P.M. Bus Sto	op:	
, <u>*</u>]	cert	ify tl	nat we	are qualified fo	r a free bus pass f	or the following reaso	on (check one):	
				iption:			Identification :	#
)	1.	IEP w	ith transportatio	n requirement			
Γ)	2.	Force	d Intra-District 7	Transfer Reason:			
	<u> </u>	3.		Stamp Eligibility			Food Stamp #:	
	<u> </u>	4.		C Recipient)		AFDC #:	
)	5.			r below one of the l	levels listed below:	11120	
I.	,	٥.	1 anni	y income is at of	ociow one of the i	ievels listed below.		
				Total number o	of family living in h	nousehold	#:	
						wages of all working hous		
				members plus we		wages of all working hous	Senoiu 5	
						LIGIBILITY GUIDELI	NES	
					July 1	, 2023 – June 30, 2024		
				Household	<u>Weekly</u>	<u>Monthly</u>	<u>Annually</u>	
				Size				
				1*	\$519	\$2,248	\$26,973	
				2	702	3,041	33,482	4
				3	885	3,833,	45,991	+
				5	1,068	4,625 5.418	55,550 65,000	
				6	1,251 1,434	5,418 6,210	65,009 74,518	
				7	1,434	7,003	84,027	
				8**	1,799	7,795	93,536	⊣
				<u> </u>		ster child, an institutional		┪
					o is his/her sole suppo		izoa ciiria,	
					tional household mer			
					+\$183	+\$793	+9,509	
			I certify	y that the above i	nformation is true a	and agree to provide app	propriate documentation as	requested.
*IV			•				-	•
*IV								
*IV	∦D.	a wa4	/C	*Parent/Guardian Signature			'mardian (Duint Name)	
*IV	*Pa	arent	/Guard	lian Signature		*Parent/C	Guardian (Print Name)	
*IV		arent ddre		lian Signature		*Parent/C *Phone	Guardian (Print Name)	/