

MOTHER LODE UNION SCHOOL DISTRICT
APPLICATION FOR BUS TRANSPORTATION 2008-09

PLEASE COMPLETE APPLICATION AND RETURN WITH FEES TO:
MOTHER LODE UNION SCHOOL DISTRICT
3783 FORNI ROAD, PLACERVILLE CA 95667

SCHOOL	NAME OF STUDENT	STUDENT ID No.	GRADE

<input type="checkbox"/> Early Discount 8/8/08 <input type="checkbox"/> Round Trip Full Yr <input type="checkbox"/> One Way Full Yr <input type="checkbox"/> Red. Round Trip Full Yr. <input type="checkbox"/> Red. One Way Full Yr. <input type="checkbox"/> Cash Amt: _____ <input type="checkbox"/> Ck # _____	<input type="checkbox"/> Round Trip 1 st Sem. <input type="checkbox"/> One Way 1 st Sem. <input type="checkbox"/> Red. Round Trip 1 st Sem. <input type="checkbox"/> Red. One Way 1 st Sem. <input type="checkbox"/> Cash Amt: _____ <input type="checkbox"/> Ck # _____	<input type="checkbox"/> Round Trip 2 nd Sem. <input type="checkbox"/> One Way 2 nd Sem. <input type="checkbox"/> Red. Round Trip 2 nd Sem . <input type="checkbox"/> Red. One Way 2 nd Sem. <input type="checkbox"/> Cash Amt: _____ <input type="checkbox"/> Ck # _____
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PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: CALIFORNIA ZIP: _____

FREE OR REDUCED FEES ARE BASED ON THE FEDERAL ELIGIBILITY SCALE. PLEASE FILL IN THE INFORMATION BELOW WHEN APPLYING. YOU MUST PROVIDE WRITTEN VERIFICATION. WITHOUT VERIFICATION YOUR APPLICATION WILL NOT BE PROCESSED.

SECTION A: NON-CAL WORKS NUMBER OF PEOPLE IN HOUSEHOLD _____ Free

LIST THE NAMES OF ALL MEMBERS IN YOUR HOUSEHOLD, ADULTS AND CHILDREN WHO DO NOT RECEIVE CAL WORKS. ALL NAMES, SOCIAL SECURITY NUMBERS AND INCOME MUST BE LISTED.

NAME OF ALL IN HOUSEHOLD	SOCIAL SECURITY NUMBERS FOR ALL	MONTHLY INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION B: CAL-WORKS NUMBER OF PEOPLE IN HOUSEHOLD: _____ Free

LIST THE NAMES OF THE CHILDREN FOR WHOM YOU RECEIVE CAL WORKS.

NAME	SCHOOL	GRADE	CAL WORKS No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MY SIGNATURE ON THIS FORM INDICATED THAT I CERTIFY ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT ALL FAMILY INCOME IS REPORTED. SCHOOL OFFICIALS WILL VERIFY THE INFORMATION ON THE APPLICATION AND ANY DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY BE SUBJECT TO PROSECUTION UNDER APPLICATION STATE LAWS. ALL INFORMATION PROVIDED IS CONFIDENTIAL.

 PARENT/GUARDIAN SIGNATURE
 SHARED/TRANSPORTATION/BUS FEE APPLICATION

 DATE