

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: Friday, September 15, 2023

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	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
a	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add:	6,862	557	279	257	129

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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**

If denied, state reason below:

District Office Staff

Date

Atencion

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