

Redlands Unified School District 2016-17 Bus Pass Application

CNS VERIFIED



Applications can be taken to: 955 E Citrus Redlands CA 92374 (DO NOT MAIL)

909 307-5370

Student who needs bus pass:

Last Name: _____ First Name: _____

Home Address: _____ Apt/Spc _____ City _____ Zip _____

Mailing Address: _____ Phone Number _____

Parent/Guardian (please print) _____

School: _____ Grade: _____ If Kindergarten: AM ____ or PM ____

Date of Birth: _____ Do you expect your student to qualify for FREE or REDUCED LUNCH?

(Check only ONE Box below)

FREE

REDUCED

I DO NOT QUALIFY FOR FREE OR REDUCED LUNCH

If FREE or REDUCED, may we obtain information from Child Nutrition Services to verify? YES NO

Certification (Please read carefully before signing below.)

I certify that the information provided is true, correct and verifiable by school district officials. Deliberate misrepresentation of the information provided may subject the applicant to prosecution under State statutes. The child listed above hereby has my permission to participate as a RUSD school bus rider. I **acknowledge there might be a fee for my child's bus pass. I understand my child must present his/her valid bus pass DAILY to the bus driver EACH time he/she boards the bus.** Middle school students without a valid bus pass can be DENIED transportation. Also, I understand that it is my responsibility to replace my students' bus pass if it is lost, stolen, damaged or defaced. Additionally, my signature verifies that we will comply with all rules and regulations set forth for the privilege of school bus transportation provided. I further understand that in order to receive a refund I must complete the proper paperwork and I am subject to a \$20 filing fee. Under no circumstances will a refund be made for student(s) that lose their bus riding privileges as a result of misconduct.

Parent/Guardian Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE FOR TRANSPORTATION USE ONLY: PP

Aries # _____ Route # _____ Stop _____