2019-2020
Orange Unified School District Bus Pass Application

Bus Pass # _____ NCLB Yes ___ No ___

Home School: _____ Route #:_____

Office Use Only

1. **Information about Parent or Guardian (Please Print)**

Name: _____ Home Phone: (_____) _____

Address: _____ Cell Phone: (_____) _____

City: _____ State: _____ Work Phone: (_____) _____

Zip Code: _____ Email address: _____

2. **Information about Student(s) & Pass(es)**

First Student:

Name: _____ Date of Birth: _____ Grade: _____ Student ID: _____

School: _____ Bus Stop: _____

Type of Bus Pass (*check one*)

☐ Annual round-trip ($335.00) ☐ Annual one-way (A.M.) ($225.00) ☐ Annual one-way (P.M.) ($225.00)

☐ Semester round-trip ($215.00) ☐ Semester one-way (A.M.) ($165.00) ☐ Semester one-way (P.M.) ($165.00)

☐ Semester round-trip (reduced) ☐ Semester one-way (A.M.) (reduced) ☐ Semester one-way (P.M.) (reduced)

Second Student:

Name: _____ Date of Birth: _____ Grade: _____ Student ID: _____

School: _____ Bus Stop: _____

Type of Bus Pass (*check one*)

☐ Annual round-trip ($335.00) ☐ Annual one-way (A.M.) ($225.00) ☐ Annual one-way (P.M.) ($225.00)

☐ Semester round-trip ($215.00) ☐ Semester one-way (A.M.) ($165.00) ☐ Semester one-way (P.M.) ($165.00)

☐ Semester round-trip (reduced) ☐ Semester one-way (A.M.) (reduced) ☐ Semester one-way (P.M.) (reduced)

3. **Instructions:**

Full Price Application's: Please mail or bring this application, your payment, and a current photo of each student to the OUSD Transportation office. For mail in applications, please include a legal size self-addressed stamped envelope with two stamps and allow two weeks for processing.

Reduced Applications: Please bring this application and your proof of eligibility (not the BIC card), payment, and current photo of each student to the Transportation Department.

Method of Payment: (please do not mail cash)

☐ **Check or Money Order – payable to O.U.S.D. Transportation (*please note O.U.S.D. will assess a $25.00 fee for returned checks*)**

☐ **Visa** ☐ **Master Card** ☐ **American Express** ☐ **Please complete the following for credit card transactions**

Credit Card Number: _____ Expiration Date: _____

Authorized Signature: _____

4. **Certification:** I certify that the above student(s) have my permission to participate in the O.U.S.D. student transportation program. The above information is correct and verifiable by school officials. I also understand there are NO REFUNDS on passes unless the family moves out of the District or into a Non-Busing zone. I understand the Bus Passes(s) purchased for the semester rate expires January 2020, and must be renewed before the expiration date in order to continue riding the bus.

5. **Signature of Parent/Guardian: _____ Date: _____**