

# Application for School Bus Pass – 2016/2017

ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY  
670 W. Avenue L-8, Lancaster, CA 93534  
(661) 945-3621

Check one or both

First Semester Bus Pass .....08/08/2016 through 12/16/2016 .....   
Second Semester Bus Pass ..... 01/09/2017 through 06/01/2017.....

**There is a yearly one-time \$10.00 Processing fee for ALL bus passes. This is in addition to the Semester/Annual Fee.**

SEMESTER FEES	
One Pupil: \$100.00	Second Pupil: \$100.00

**FOOD SERVICES •44809 Beech Avenue, Lancaster, CA 93534 • (661) 575-1051. If the student qualifies for a free or reduced meal, please attach a copy of a current food service letter to qualify for a free pass.**

Bring completed application with payment (check, money order, cash or Food Service Approval Letter) to Antelope Valley Schools Transportation Agency, 670 W. Avenue L-8, Lancaster, CA 93534. Antelope Valley Schools Transportation Agency will be open to process applications from 8:00 a.m. to 4:00 p.m. weekdays starting 07/18/2016. **All passes issued after 08/15/2016 (First Semester) and after 01/17/2017 (Second Semester) will be subject to a \$10.00 late fee.**

PLEASE PRINT OR TYPE - <u>ONE STUDENT PER APPLICATION</u>					<u>OFFICE USE ONLY</u>
STUDENT'S	LAST	FIRST	MIDDLE	SCHOOL & GRADE	STUDENT ID #
NAME OF PARENT/GUARDIAN (PLEASE PRINT)				HOME TELEPHONE	PARENT CODE
ADDRESS - HOUSE NUMBER, STREET, CITY, ZIP CODE				PARENT'S WORK TELEPHONE NUMBER	STOP NUMBER
IS YOUR CHILD CURRENTLY UNDER TREATMENT FOR ANY OF THE FOLLOWING? ___ DIABETES (may include insulin, glucagon injections)      ___ EPI-PEN (for prevention of allergies/anaphylaxis)      ___ OTHER ___ SEIZURE (taking daily medication)      ___ ASTHMA (taking regular medication)      ___ HEART CONDITION					
IS YOUR CHILD ALLERGIC TO ANY MEDICATION? (please list)					
IS YOUR CHILD CURRENTLY ENROLLED IN A SPECIAL EDUCATION PROGRAM? ___ YES ___ NO					

- Instructions for Completing the Application** - Read these instructions and all attachments in this packet. **Please print or type all entries.**
1. One student per application. Enter the **Last Name** first, then first name, then middle initial of student applying for bus pass, the school of attendance, and the grade. Use the name under which the student is registered in school.
  2. Make no entries in the *Office Use Only* section of the application.
  3. Enter parent/guardian name, full address and telephone number(s).
  4. Sign, acknowledging parental understanding and acceptance of conditions and responsibility.
  5. Return the whole application sheet. (Do not cut off the instructions: our filing system does not accommodate half-sheets.)

Refunds will not be made if documents are falsified.

I understand my child must present a valid pass each trip. Failure to do so will cause refusal of transportation to the student. Persistent failure to do so may cause refusal of transportation to any student. Students are required to follow the bus rules. Failure to do so may cause loss of transportation.

Parents are advised that the District does not supervise bus stops and that the District is not responsible for the control and conduct of students at the bus stop. Parents should not neglect their responsibility for supervising their students until their students safely board and / or exit the school bus.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student Applying for Bus Pass

\_\_\_\_\_  
Date