

**Application for School Bus Pass – 2017/2018**  
**ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY**  
 670 W. Avenue L-8, Lancaster, CA 93534  
 (661) 945-3621

**Check one or both**

First Semester Bus Pass .....08/07/2017 through 12/15/17 .....  
 Second Semester Bus Pass ..... 01/08/2018 through 05/31/2018.....

SEMESTER FEES	
One Pupil: \$100.00	Second Pupil: \$100.00
<b>There is a yearly <u>one-time</u> \$10.00 Processing fee for ALL bus passes. This is in addition to the Semester/Annual Fee.</b>	

**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 reduced price pass.**

Bring completed application with payment (check, money order, or cash) along with the Food Service Approval Letter (if applicable) 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 07/17/2017. **All passes issued on or after 08/14/2017 (First Semester) and on or after 01/16/2018 (Second Semester) will be subject to a \$10.00 late fee.**

PLEASE PRINT OR TYPE - <u>ONE STUDENT PER APPLICATION</u>				OFFICE USE ONLY	
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? <input type="checkbox"/> DIABETES (may include insulin, glucagon injections) <input type="checkbox"/> EPI-PEN (for prevention of allergies/anaphylaxis) <input type="checkbox"/> OTHER <input type="checkbox"/> SEIZURE (taking daily medication) <input type="checkbox"/> ASTHMA (taking regular medication) <input type="checkbox"/> HEART CONDITION					
IS YOUR CHILD ALLERGIC TO ANY MEDICATION? (please list)					
IS YOUR CHILD CURRENTLY ENROLLED IN A SPECIAL EDUCATION PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> 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.

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 revoking 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