

Application for School Bus Pass – 2018/2019

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

Business Hours: Monday-Friday, 8:00 am – 4:00 pm

****STUDENT MUST BE PRESENT****

Check one or both

First Semester Bus Pass08/13/2018 through 12/21/18
Second Semester Bus Pass 01/14/19 through 06/06/19.....

Bus Pass Costs: **Payments may be made by cash, check, or money order**

- There is a yearly, one-time \$10.00 processing fee for ALL bus passes.
- Fall Semester: \$100
- Spring Semester: \$100
- With Food Service Approval Letter (presented at time of purchase): Only the \$10.00 processing fee.
FOOD SERVICES • 44809 Beech Avenue, Lancaster, CA 93534 • (661) 575-1051.
- All passes issued on or after 08/20/2018 (First Semester) and on or after 01/22/2019 (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)					PARENT'S CELL NUMBER	
ADDRESS - HOUSE NUMBER, STREET, CITY, ZIP CODE					PARENT'S WORK TELEPHONE 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.

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