

Application for School Bus Pass - 2010/2011

ANTELOPE VALLEY SCHOOLS TRANSPORTATION AGENCY

670 W. Avenue L-8, Lancaster, CA 93534

(661) 945-3621

Check one or both

First Semester Bus Pass08/09/2010 through 12/17/2010

Second Semester Bus Pass 01/10/2011 through 05/27/2011.....

SEMESTER FEES		
One Pupil: \$100.00	Second Pupil: \$100.00	Each Additional: \$0

FOOD SERVICES •1212 E. Avenue S, Palmdale, CA 93550 • (661) 575-1050. 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.

Mail completed application with check or money order (do not send cash) to: Transportation Fee Coordinator, Antelope Valley Schools Transportation Agency, 670 W. Avenue L-8, Lancaster, CA 93534 (include a 1" X 1" current photograph);

OR

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 07/19/2010. If you elect to pay in lieu of mailing an application, you may experience parking problems as well as a significant wait. **All passes issued after 08/13/2010 will be subject to a \$10.00 late fee.**

PLEASE PRINT OR TYPE - ONE STUDENT PER APPLICATION					OFFICE USE ONLY	
STUDENT'S	LAST	FIRST	MIDDLE	SCHOOL & GRADE	STUDENT CODE	
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/anaphalaxis) <input type="checkbox"/> OTHER <input type="checkbox"/> SEIZURE (taking daily medication) <input type="checkbox"/> ASTHMA (taking regular medication) <input type="checkbox"/> HEART CONDITION						
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 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.)
6. Enclose a snapshot of the student with your application. Please write his/her name on the back and attach it to the application. We will laminate it to the pass. **No picture -- no pass.**

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.

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

INCORRECT OR INCOMPLETE APPLICATIONS WILL BE RETURNED BY MAIL