



Application for Free Bus Pass – 7/1/2024 through 6/30/2025

APPROVAL WILL NOT BE GRANTED IF YOUR APPLICATION IS INCOMPLETE.

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH STUDENT.

Student Name (Please print): _____ **Student ID#:** _____

Age: _____ **Date of Birth:** _____ **School (Circle one):** MVHS, LAHS, AVHS, Moffett HS

List all children (under 18) living in the home (do not include children living outside the home or away at school):

Last Name	First Name	School Attending	Grade

List all adults (18 and over) living in the home and their income:

Full Name	SOURCE OF INCOME		
	Gross Monthly Income before deductions (include all jobs)	Pension, Retirement, Social Security	CalWORKs benefits, child support, alimony

Are you receiving Food Stamps, AFDC or FDPIR? YES ___ NO ___ Case Number: _____

Is this request for a Foster Child? YES _____ NO _____ Child's monthly income: _____

I certify that all the above information is true and correct and that all household members and income are reported. I agree that school officials may verify the information on the applications. Deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form: _____

Adult's Printed Name: _____ Social Security #: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

For office use only.

Your application is: Approved _____
 Denied _____ because income does not qualify
 Denied _____ because application is incomplete; please complete application

RETURN COMPLETED FORMS TO THE HIGH SCHOOL BOOKKEEPER.