

Arcohe Union School District School Bus Transportation Waiver Form 2010-2011 School Year

Please complete all parts of the application and return to: Arcohe Union School District, PO Box 93, Herald, CA 95638. Questions? Please call (209) 748-2603 ext. 400. One application is sufficient for all students in the family attending the school. **Incomplete application will not be accepted.** Students attending school through an Inter-District Transfer are not eligible for transportation.

Student(s) Information

Parent(s)			
Full Name			
Last	First	MI	
Address			
Street Address			Apartment/Unit #
City		State	Zip Code
Home Phone: ()			
		Work/ Cell Phone: ()	

Student's Name(s)	Grade	Bus #
1.		
2.		
3.		
4.		
5.		

Household Information: All information must be provided to qualify for a free home to school pass. Attach copies of verification for income (pay stub) and/or government issued paperwork for food stamps, AFDC, FDPIR, or foster status. **Proof of income must be attached.**

Family info (Include all family members living in household)	Food Stamps/AFDC Or FDPIR Benefits		Foster Children	
	Yes / No	If Yes, list case number	Yes / No	If Yes, list case number
1.				
2.				
3.				
4.				
5.				

Use additional sheets as necessary

Additional questions are on the back

Monthly Household Income: List all adult household members' income (family & non-family). Print the social security number of each adult age 21 or older. If an adult does not have a social security number, print "none" next to their name (see Privacy Act information).

Verification must be attached.

Full Name	SSN#	Gross Earnings	Pension, Retirement, SSN	Welfare, Child Support, Alimony	Other Income
1.					
2.					
3.					
4.					
5.					

List all income received last month on the same line with the person who received it. List each amount of income under the correct title. You must list the gross income before all deductions for taxes, social security, etc. Include all jobs.

If you or a member of your household received higher or lower than usual last month, please list your expected average monthly income.

Certification :

I certify that all the above information is true and correct and that all income is reported. I understand that school officials may verify the information on this application.

Printed Name of Parent(s)	Social Security Number: - -
Signature of Parent	
Signature of Parent	Date:
	Date:

Privacy Act Information - Social Security Numbers: Federal law (P.L. 97-35) requires you to list social security numbers of all adult household members before your child may receive free transportation. You do not have to give social security numbers; but, if you have a social security number and you refuse to list it, your child cannot receive free transportation. The social security numbers may be used to identify you for verifying the information you report on this application. Verification may include adults, investigations, contacting the State Employment Security Office, food stamp office, and employers, and checking the written information provided by the household to confirm the information. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to all household members whose social security numbers are reported on this form.

Office Use Only	Total Income \$	Accepted: Yes / No	Verified By:
	Payment Source:	Cash	Bus Pass #
		Check #	Bus Pass #
		Free	Bus Pass #