

Latrobe School District
7900 South Shingle Rd
Shingle Springs, CA 95682

2023-24 APPLICATION FOR TRANSPORTATION SERVICE

Complete this application for all students who ride the bus to and/or from school. Students using occasional rider one-way tickets do not need to complete an application for services. Only one application per household is necessary. Applications and payments of bus fees are required by August 31, 2023. **There is a 10% early bird discount if full year fees are paid by August 18** (not available for semi-annual payments). Payments may be made at either school office, payable to Latrobe School District, or mail to the address above. You may also apply and pay online at www.latrobeschool.com/departments/transportation.

Free/Reduced Rates: If you are applying for Free or Reduced Transportation, please complete both sides of this application and attach verification of income.

Parent/Guardian Name: _____ **Cell Phone:** _____

Child's First and Last Name	Grade	Bus Stop	AM/PM
_____	_____	_____	AM/PM
_____	_____	_____	AM/PM
_____	_____	_____	AM/PM
_____	_____	_____	AM/PM

Payment Information: 10% discount if full year fees are paid by August 18, 2023

	Regular Price	Early Bird Discount	Quantity	Price
Child 1 and 2 Prices:				
Round Trip Annual Payment	<input type="checkbox"/> \$225	<input type="checkbox"/> \$202.50	_____	\$ _____
One Way Annual Payment	<input type="checkbox"/> \$135	<input type="checkbox"/> \$121.50	_____	\$ _____
Round Trip Semi-Annual Payment	<input type="checkbox"/> \$112.50	N/A	_____	\$ _____
One Way Semi-Annual Payment	<input type="checkbox"/> \$67.50	N/A	_____	\$ _____

Child 3 Price (4 or more = no charge):				
Round Trip Annual Payment	<input type="checkbox"/> \$112.50	<input type="checkbox"/> \$101.25	_____	\$ _____
One Way Annual Payment	<input type="checkbox"/> \$67.50	<input type="checkbox"/> \$60.75	_____	\$ _____
Round Trip Semi-Annual Payment	<input type="checkbox"/> \$56.25	N/A	_____	\$ _____
One Way Semi-Annual Payment	<input type="checkbox"/> \$33.75	N/A	_____	\$ _____

Total Amount Paid: \$ _____

For Office Use Only

Date _____ Check # _____ Amount _____ Prorated = \$1.25 or .75/Day: _____

Latrobe School District

2023-24 Free and Reduced Priced Transportation – Verification of Income

If you are applying for Free or Reduced Priced Transportation, complete both sides of this application and **attach verifiable documentation of family (household) income**. Following is a list of documents that will be considered as proof of income. Please check the method of proof you choose to use and provide a photocopy. Application cannot be processed without documentation.

	Food Stamp Verification - copy of current food stamp certification notice showing eligibility period, letter from Food Stamp Office verifying eligibility or Authorization to Participate card.
	AFDC Household - Copy of AFDC warrant or letter from the Welfare Office verifying eligibility.
	Earnings/Wages/Salary - Current paycheck stub or letter from employer stating gross wages paid and how often paid.
	Social Security/Pensions/Retirement - Social Security Benefit or pension award notice.
	Unemployment Compensation/Disability or Worker’s Compensation - Copy of award letter or check stub.
	Welfare Payments - Benefit letter from welfare stating current eligibility and amount of award.
	Child Support/Alimony - Court decree or agreement.
	Self-Employment Income - Last quarterly tax estimate and last year’s tax return.
	All Other Income - If you have any other types of income, provide documents showing amount of income and how often it is received.
	No Income - If you have no income, provide a brief note explaining how you provide food, clothing and housing, and when you expect an income.

LIST CHILDREN ONLY (List the names of ALL children living in the home.)

Name (Last, First)	School	Name (Last, First)	School

FILL OUT COMPLETELY THE FOLLOWING INFORMATION FOR ALL MEMBERS OF HOUSEHOLD. **ATTACH VERIFICATION OF INCOME.**

Income requested is for the prior month.

Last Name, First Name	Social Security Number	Place of Employment	Monthly Gross Earnings from Work (before deductions - include all jobs)	Pension, Retirement, Social Security or Disability	Welfare Benefits, Child Support, Alimony Payments	Any Other Monthly Income
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

I declare under penalty of perjury that the enclosed information is correct and represents total current household income.

Signature	Print Name	Date
Address	City, State, Zip	
Home Phone	Work Phone	