

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT BUS PASS APPLICATION

NUMBER OF PASSES (complete all information below): _____

ELIGIBLE FOR SPECIAL CIRCUMSTANCES: Free/Reduced Other _____

STUDENT NAME(S):

1)	_____	_____	_____
	Last	First	M.I.
	_____	_____	_____
	Student ID	School	Grade
2)	_____	_____	_____
	Last	First	M.I.
	_____	_____	_____
	Student ID	School	Grade
3)	_____	_____	_____
	Last	First	M.I.
	_____	_____	_____
	Student ID	School	Grade

Please use the back of this application for additional family members.

The information below will be used to determine Routes/LegalStops unless specified.

Home Address _____ Primary Phone _____

City _____ zip _____ Alternate Phone _____

Email _____

Full Fee Schedule:

Free/Reduced Lunch:

<u>Pupils/Family</u>	<u>Annual</u>	<u>Semester</u>	<u>Pupils/Family</u>	<u>Annual</u>	<u>Semester</u>
1	<input type="checkbox"/> \$642.00	<input type="checkbox"/> \$339.00	1	<input type="checkbox"/> \$247.00	<input type="checkbox"/> \$129.00
2	<input type="checkbox"/> \$1,151.00	<input type="checkbox"/> \$606.00	2	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$233.00
3 or more	<input type="checkbox"/> \$1,583.00	<input type="checkbox"/> \$864.00	3 or more	<input type="checkbox"/> \$413.00	<input type="checkbox"/> \$380.00

Special Requests:

Return completed SIGNED application with check or money order payable to:

S.M.M.U.S.D

Attn: Fiscal Services - Bus Pass Fees

1651 16th Street

Santa Monica, CA 90404

Amount Included: _____

[Review the Transportation "Home to School" Handbook.](#)

On behalf of my children, I agree that the District rules and regulations will be adhered to.

Special Note: School buses may be equipped with video surveillance equipment.

* (Signature of Parent/Guardian)

(Date)