

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT BUS PASS APPLICATION**

NUMBER OF PASSES (complete all information below): \_\_\_\_\_

ELIGIBLE FOR SPECIALCIRCUMSTANCES:  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"/> \$667.00   | <input type="checkbox"/> \$351.00 | 1                    | <input type="checkbox"/> \$256.00 | <input type="checkbox"/> \$133.00 |
| 2                    | <input type="checkbox"/> \$1,197.00 | <input type="checkbox"/> \$630.00 | 2                    | <input type="checkbox"/> \$337.00 | <input type="checkbox"/> \$241.00 |
| 3 or more            | <input type="checkbox"/> \$1,646.00 | <input type="checkbox"/> \$898.00 | 3 or more            | <input type="checkbox"/> \$429.00 | <input type="checkbox"/> \$394.00 |

**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**

**1717 4th Street**

**Santa Monica, CA 90401**

**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)