

# 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**

**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)