

TRANSPORTATION - BUS PASS FEE WAIVER APPLICATION

Parent/Guardian Information:	
Name: _____	
Address/City: _____	
Postal Code: _____	Phone Number: _____

Student Name	School	Grade	Outstanding Fees
			\$
			\$
			\$
			\$
Total			\$

Please outline information you wish to provide in support of your application. Note that a payment plan is available if you are unable to make a lump sum payment. To discuss this option, contact Transportation department personnel.

I certify the above information is true and understand that the School Board will rely upon it in assessing this application. I understand that the information provided above is confidential.

Parent/Guardian Signature: _____ Date (Mon/Day/Year): _____

School Administrator's Recommendation:	
_____ _____	
	_____ School Administrator Signature
Director of Transportation's Decision:	
<input type="checkbox"/> Application Approved	_____ Director of Transportation Signature
<input type="checkbox"/> Application Denied	_____ Date (Month / Day / Year)