



BUS PASS APPLICATION

Orange Unified School District – 2017/2018 School Year

If you are not eligible for subsidized bus passes, please complete this side.

1. Information about Parent or Guardian *(Please Print)*

Name _____ Home Phone (____) _____
 Address _____ Cell Phone (____) _____
 City, State, and ZIP _____
 E-mail Address _____ Work Phone (____) _____

2. Information about Student(s) and Pass(es)

FIRST STUDENT

Full Name _____ Date of Birth _____ Grade _____ Student ID _____
 School _____ Bus Stop _____
 Type of Bus Pass *(Check one)*
 Annual round-trip (\$335.00) Annual one-way A.M. (\$225.00) Annual one-way P.M. (\$225.00)
 Semester round-trip (\$215.00) Semester one-way A.M. (\$165.00) Semester one-way P.M. (\$165.00)

SECOND STUDENT

Full Name _____ Date of Birth _____ Grade _____ Student ID _____
 School _____ Bus Stop _____
 Type of Bus Pass *(Check one)*
 Annual round-trip (\$335.00) Annual one-way A.M. (\$225.00) Annual one-way P.M. (\$225.00)
 Semester round-trip (\$215.00) Semester one-way A.M. (\$165.00) Semester one-way P.M. (\$165.00)

THIRD STUDENT

Full Name _____ Date of Birth _____ Grade _____ Student ID _____
 School _____ Bus Stop _____
 Type of Bus Pass *(Check one)*
 Annual round-trip (\$335.00) Annual one-way A.M. (\$225.00) Annual one-way P.M. (\$225.00)
 Semester round-trip (\$215.00) Semester one-way A.M. (\$165.00) Semester one-way P.M. (\$165.00)

3. Instructions: Please mail or bring this application, your payment, a current wallet-size personalized photograph of each student to: O.U.S.D. Transportation Department, Attention: Bus Pass Office, 726 W. Collins Ave., Orange CA 92867 Telephone: (714) 538-8295.

(For mail service, be certain to include a legal size, self-addressed stamped return envelope with two stamps on it).

4. Method of Payment: Please do not send cash.

- Check or Money Order - Payable to O.U.S.D. Transportation.
Please note - O.U.S.D. will assess a \$25.00 fee for checks returned by a bank.
- Charge to: Master Card , Visa , or American Express .

Please complete the following for credit cards.

Credit Card # _____ Expiration Date _____

Authorized Signature _____

5. Certification: I certify the above student(s) have my permission to participate in the O.U.S.D. student transportation program. The above information is correct and verifiable by school officials. I also understand there are NO REFUNDS on regular passes unless the family moves out of the District or into a walk area.

Signature of Parent/Guardian _____ Date _____