

EAST CONTRA COSTA SCHOOLS TRANSPORTATION DEPARTMENT (ECCSTD)
Comprised of Brentwood, Byron, Liberty and Oakley School Districts
19 Oak Street, Brentwood, CA 94513 (925) 634-2700

2021 – 2022 APPLICATION FOR REGULAR EDUCATION TRANSPORTATION SERVICES

This application must be completed each year and returned to the East Contra Costa Schools Transportation Department at the above address with your remittance if you want transportation to be provided for your child/children. Even those students that qualify as “exempt” must complete this application. We request that you do not send cash. Passes will be sent by return mail. If there are any questions, please call the Transportation Department at (925) 634-2700. **Bus passes must be presented when boarding the bus or transportation may be denied.** Lost or stolen bus passes must be replaced at a fee of \$ 5.00 each.

School buses may be equipped with audio and video surveillance equipment. Recordings from this equipment are for district use only and are not available to the public.

Parent/Guardian’s Name _____ Home Phone: _____

Residential Address _____ Cell Phone: _____
 Street Address City Zip Code

Mailing Address (if different) _____ Work Phone: _____

Alternate Bus Stop _____ Email address: _____

Please list students according to their grade level with the highest grade being first:

<u>Student’s Last</u>	<u>Student’s First</u>	<u>School</u>	<u>Grade</u>	<u>Payment Code</u>	<u>Total</u>	<u>Office Use Only</u>	
1.							
2.							
3.							
4.							
5.							
				Subtotal			
				Discount			
				Pay this amount			

Please make checks payable to E.C.C.S.T.D.
See Fee Schedule for pass prices

My signature indicates that I understand that the District may cancel or deny our eligibility under this program for any misuses or resales of passes or misrepresentations of any facts or circumstances connected with our participation in its benefits. I also understand that all passes are non-refundable, except in the event of long-term illnesses or mid-year moves out of the District. I will be responsible to inform my child of rules and conduct both on the bus and at the bus stop. **If a child is removed from the bus for discipline reasons, there will be no refund. I also understand that my child may be denied transportation if he/she does not present a bus pass upon entering the bus.**

Signature _____ Date _____

If you prefer, you may charge the cost of pass(es) by filling in the information below. **Note: Returned checks will be automatically re-deposited once. There is a \$ 25.00 per item service charge on all returned checks.**

Master/Visa Card Number _____ Expiration Date _____ 5-Digit Mail zip code: _____

Amount Authorized \$ _____ Signature _____

FILL OUT BOTH SIDES IF APPLYING FOR FREE TRANSPORTATION.
DO NOT TAKE TO SCHOOL OFFICE. INCOMPLETE APPLICATIONS WILL BE DESTROYED.

FOR TRANSPORTATION OFFICE USE ONLY:

APPROVAL: _____ PAYMENT TYPE: CK# _____ CASH REC# _____ V/MC: # _____

P/U: _____

D/O: _____

2021 – 2022 APPLICATION FOR FREE STUDENT BUS TRANSPORTATION SERVICES

COMPLETE BOTH SIDES OF APPLICATION IF APPLYING FOR FREE TRANSPORTATION

Check Schedule on Page 2 to determine eligibility.

To apply for free transportation for your student(s), you must complete both sides of this application. **Proof of income or verification of free/reduced lunch eligibility must accompany all completed applications prior to issuing of bus passes.** Return form to the Transportation Office, **DO NOT TAKE TO SCHOOL OFFICE.** Any increase in income must be reported to the Transportation Department. The Transportation Department reserves the right to request wage verification at any time.

<u>List Names of All Members in Household Living at this Address</u>	<u>List Relationship of All Members: Example: Daughter/Son</u>	<u>School</u>

List of all adult household members:

Name _____

Income _____ Place of Employment or source of income _____ Work Telephone Number _____

Name _____

Income _____ Place of Employment or source of income _____ Work Telephone Number _____

Name _____

Income _____ Place of Employment or source of income _____ Work Telephone Number _____

INCOME: List types of income which include wages, salary (**include 3 most recent pay stubs**), Social Security payments, Welfare/AFDC/Unemployment, child support, spousal support, pension or retirement, disability benefits, other (explain) _____

Number in Household: _____ Total Household Gross Income: \$ _____ Check One: [] Weekly [] Monthly

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given so the officials can verify the information on this application. I understand that if any information on this form is found to be false, my child/children will not be eligible for free bus transportation.

Signature _____ Date _____

******** **VERIFICATION LETTER FROM FOOD SERVICES FOR FREE OR REDUCED LUNCH** ********
MAY NOW BE USED TO ESTABLISH ELIGIBILITY FOR FREE BUS PASSES.

FOR TRANSPORTATION OFFICE USE ONLY:

APPROVED FOR: QT1 _____ QT2 _____ QT3 _____ QT4 _____ ANNUAL _____