TRANSPORTATION

Irvine Unified School District (949) 936-5370

SCHOOL YEAR 2018-2019 BUS PASS APPLICATION



Make Checks Payable to: *I.U.S.D.* Credit/Debit cards accepted in the Bus Pass Office only.

Excerpts from Regulations governing Pupil Transportation:

- Pupils must maintain order at all times and obey the instructions of the driver.
- Bus Pass must be shown when requested.
- Rides may be refused if Bus Pass is not presented.
- Transfer of this Bus Pass automatically revokes all rights to its use.
- Þ All students transported in a school bus are under the direct authority of the driver.

VIOLATION OF RULES OF CONDUCT WILL RESULT IN DENIAL OF TRANSPORTATION AS FOLLOWS:

1st offense	warning/suspension
2nd offense	3 days bus denial
3rd offense	5 days bus denial
4th offenseDetermined by Admini	strator/Transportation
Extreme Acts of Violence	Immediate bus denial.

PLEASE PRINT

School		School	
Student's Legal Name	Grade	Student's Legal Name	
Address		Address	
City Zip C	Code	City	Zip Code
Bus Stop/Morning		Bus Stop/Morning	
Bus Stop/Afternoon		Bus Stop/Afternoon	
Home Ph Father's Cell Ph		Home Ph	_ Father's Cell Ph
Other Ph Mother's Cell Ph		Other Ph	Mother's Cell Ph
Email		Email	

O ANNUAL ROUND TRIP	O ANNUAL ONE WAY	One Way AM O	One Way PM O	Replacement Fee for Lost or Modified
O SEMESTER ROUND TRIP	O SEMESTER ONE WAY	One Way AM O	One Way PM O	Bus Pass is \$8.00

Kindergarten thru 3rd Grade — Check One:

O Student **MUST BE MET** at the school bus by a parent or designated adult.

O Student MAY BE RELEASED from the school bus without a parent or designated adult.

I certify that:

- 1) I have received the School Bus Service Guidelines. the above student is aware of and will comply with the rules contained therein.
- 2) The above information is correct and may be verified.
- 3) I understand there are NO REFUNDS on bus passes unless the family leaves the district.

Print Name: ______ Signature of Parent/Guardian: ______ Date: FOR TRANSPORTATION USE ONLY 1st SEMESTER..... Receipt Date Amount 2nd SEMESTER..... Receipt ____ **IRVINE UNIFIED** Date ____ Amount Rev. 5/18 SCHOOL DISTRIC



(Initials)