

Application For School Bus Pass
(2012-2013)
Transportation Department
El Tejon Unified School District
4337 Lebec Road
Lebec, Ca. 93243

(661) 248-6247

Please circle amount

Full Year Pass - \$80

Semester Pass - \$40

Please Print Clearly

Students Last Name _____

Students First Name _____

School Attending _____

Grade _____

Parent / Guardian _____

Home Telephone _____

Work Telephone _____

I have applied for reduce or free meals. Yes or No (please circle)

If student is receiving free meals, the cost for an annual pass is \$40.

If student is receiving reduced meals, the cost for an annual pass is \$60.

Signature:

I hereby certify that all of the above information is true and correct. I have read and understand bus rules and consequences should any arise.

Signature of Parent or Guardian

Date

Name (Please Print)