

CHICO UNIFIED SCHOOL DISTRICT

Transportation Department

2455 Carmichael Drive

Chico, CA 95928

(530) 891-3097

(530) 891-3149 FAX

ANNUAL APPLICATION FOR TRANSPORTATION

School Year 2008/09

Do you live more than 2 miles (elementary) or 3 miles (secondary) from school site? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you applying for free/reduced transportation and live outside the parent transport area, (2 miles elementary/3 miles secondary)? If so, complete Free/Reduced Transportation form. YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT INFORMATION

Today's Date \_\_\_\_\_

Student(s) lives with:

MOTHER/Legal Guardian

\_\_\_\_\_

First

Last

Phone

\_\_\_\_\_

Home

Work

Cell

FATHER/Legal Guardian

\_\_\_\_\_

First

Last

Phone

\_\_\_\_\_

Home

Work

Cell

Home Address

\_\_\_\_\_

Street/PO Box

City

Zip

Mailing Address

\_\_\_\_\_

Street/PO Box

City

Zip

Other Contact

\_\_\_\_\_

Name & Relationship

Phone (Home/Work/Cell)

I have read and received a copy of the School Bus Rules which includes the Citation Policy. I agree that my child must abide by said rules and understand that bus riding privileges may be suspended for a rule violation and that I will assume full responsibility for the transportation of my child.

STUDENTS NOT PRESENTING PASS WILL NOT BE ALLOWED ON THE BUS.

Signature of Parent/Legal Guardian

\_\_\_\_\_

Please Complete Student Information on Reverse Side

